



Unannounced Care Inspection Report 21 January 2021



Faith House

Type of Service: Nursing Home (NH)

**Address: 25 Orpen Park,
Belfast**

Tel No: 02890612318

Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 35 persons.

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: 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: 31

4.0 Inspection summary

An unannounced inspection took place on 21 January 2021 from 09.30 to 15.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The purpose of the onsite inspection was to be assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

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.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

There were areas for improvement identified in relation to, infection prevention and control (IPC) in relation to the decontamination of patient equipment, control of substances hazardous to health (COSHH), the daily menu, care records, quality improvement audits and Regulation 29 visits.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jane Moore, manager, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with eight patients, and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution and six questionnaires were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 11 January to 31 January 2021
- three patients' care records
- three patients' food and fluid records
- notifications of accidents and incidents
- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 April 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed that the patient information displayed in the nursing office was reviewed to ensure that it does not compromise patient privacy or dignity.	

Areas for improvement from the last medicines management inspection 1 October 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10(1) Stated: First time	The registered person shall ensure that any nurse in charge of the nursing home, in the absence of the manager, is knowledgeable regarding the registration status of the home and ensures that any admissions are in accordance with the statement of purpose and conditions of registration of the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and deputy manager confirmed any nurse in charge of the nursing home, in the absence of the manager, was given guidance regarding the registration status of the home to ensure that any admissions are in accordance with the statement of purpose and conditions of registration of the home.	

6.2 Inspection findings

6.1.2 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 11 to 31 January 2021 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The manager confirmed that a competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “The current situation has improved teamwork.”
- “The manager is very approachable.”
- “I love working here. We are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE) including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was clean, tidy, uncluttered and well maintained. There was one area environmental issue identified in relation to infection prevention and control (IPC) measures and effective cleaning practices. In an identified shower room part of a wall tile was missing, this had been addressed before the inspection ended.

Within the kitchenette area we identified chemicals in an unlocked cupboard, which is not in compliance with Control of Substances Hazardous to Health (COSHH). This was identified as an area for improvement.

We observed that PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We observed the communal use of patient equipment such as a hoist slings and a wheelchairs; these were not cleaned after each patient use. These issues were discussed with the manager. An area for improvement was made.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken, records were available. Signage outlining the seven steps to hand washing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients’ were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients’ appeared

comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual patients were met within the home. Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Comments received from patients included:

- “We are well looked after in here.”
- “Everybody is so good.”
- “I am very happy here.”
- “The food is good; there is always plenty to choose from.”
- “I am very thankful for all the help I get; staff are very pleasant and kind.”

6.2.4 Care records

Three care records and three food and fluid charts were reviewed. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to chest infection, risk of falling and catheter care. The care records were generally well completed, however a number of areas were noted for improvement:

- in a care record of a patient with a urinary tract infection the care plan had not been reviewed after their course of antibiotics had been completed and the effectiveness of the antibiotic treatment was not recorded in the daily progress notes .
- the care plan, for a wound had not been reviewed to include the current instructions from a visiting professional.
- a malnutrition universal screening tool (MUST) assessment in another care record was incorrect and had not been updated since August 2020.
- daily progress notes should be improved in relation to the recording of food and fluid.
- a more detailed food and fluid chart should be introduced for patients who have lost weight.

These areas were discussed with the manager. An area for improvement was made.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Review of the menus, evidenced that patients were provided with a choice of meal at each mealtime; this included patients who required a modified diet. The daily menu was not displayed in the dining area. An area for improvement was made.

Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We were unable to review monthly monitoring reports these had not been undertaken since February 2020. The manager stated that this was a result of the covid-19 pandemic. This was discussed with manager and an area for improvement was made.

We reviewed a selection of quality improvement audits including falls, wounds, the environment and infection prevention and control. These had generally been updated on a monthly basis. There are a number of different infection prevention and control audits in place which had not been updated monthly. The manager was advised to review these to determine if one audit could be devised. An area for improvement was made.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, infection prevention and control and decontamination of patient equipment, control of substances hazardous to health, the daily menu, care records, monthly quality monitoring visits and quality improvement audits.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Six areas of improvement were identified.

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, manager, 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: a full review of the identified areas, communal use of wheelchairs and slings, was completed. All wheelchairs are now named for individual patients, these are cleaned nightly by night staff. slings have been reviewed, new storage area for slings has been put in place which will enable slings to be stored for each patient with name on each storage facility.. Management have put orders in for new slings. Cleaning of slings has been put in place.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.2.2.</p> <p>Response by registered person detailing the actions taken: the area in which chemicals were seen to be stored in an unlocked cupboard has been reviewed. Maintenance have put a lock on the cupboard door and staff are aware of need for keeping it locked at all times. This area, kitchenette, also has a key padded door so that when staff not in the room it is kept securely closed.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that monthly quality monitoring visits are undertaken</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: due to the pandemic monthly monitoring visits could not be carried out. Following regular weekly testing now for the responsible person and having also had the vaccination these visits have now recommenced.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 6.2.4</p>

<p>To be completed by: 21 February 2021</p>	<p>Response by registered person detailing the actions taken: management have reviewed the identified areas in care records and senior staff have met with staff nurses to discuss importance of ensuring all areas are addressed. Action plans were put in place and completed. Management will continue to monitor through care plan audits to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that the menu is displayed on a daily basis.</p> <p>Ref: 6.2.5.</p> <p>Response by registered person detailing the actions taken: management has spoken with Catering manager to ensure that menu is displayed on a daily basis. Regular checks will be made to ensure it is always in place.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2021</p>	<p>The registered person shall ensure that quality improvement audits in relation to infection prevention and control are reviewed and updated regularly to provide assurance on the safe delivery of care within the home.</p> <p>Ref: 6.2.6.</p> <p>Response by registered person detailing the actions taken: infection control audits have been reviewed by manager and infection control link staff and are being completed monthly.</p>

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



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