

Inspection Report

Name of Service: Faith House

Provider: Board of Trustees – Faith House

Date of Inspection: 24 October 2024 & 7 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Board of Trustees – Faith House
Responsible Individual:	Mr Brian Ambrose
Registered Manager:	Mrs Jane Moore
<p>This home is a registered nursing home which provides general nursing care for up to 35 patients under and over 65 years of age, including patients with a terminal illness. Faith House also provides care for patients living with a physical disability other than sensory impairment.</p> <p>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 separate registered residential care home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2024 from 9.50 am to 5.45 pm, by a care inspector and on 7 November 2024 from 10.45 am to 12.30 pm by a finance inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 August 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

With regards to the finance inspection, a review of records and control processes found that robust arrangements were in place for the management of patients' finances and property. Records were well maintained and up to date. No areas for improvement were identified during the inspection on 7 November 2024.

Patients said that 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. Refer to Section 3.2 for more details.

As a result of this inspection all five areas for improvement were assessed as having been addressed by the provider; new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

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

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

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients said, "My room and the home is always clean and there are enough staff about if I need them. I'm very well cared for and the staff are helpful. I'm offered the choice to attend the activities provided and of my meal preferences. I have no concerns at all" and "The home is calm and there's a nice atmosphere. The staff are kind and the food's good. I've been here for many years and I enjoy attending the church services most".

Patients' relatives spoken with said, "We couldn't fault the care. The place is always clean and ... is well looked after".

Following the inspection, we received one completed patient questionnaire indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks.

The menu plan for week four was displayed on the wall outside the dining room to show patients what meal choices were available. Some patients said they were unsure of what they

had ordered as a menu had not been displayed in the dining room. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. An area of improvement was identified.

Discussion with patients, patients' relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients were given a copy of the weekly programme of activities to advise them of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time. Patients spoken with said they enjoyed the mornings activity of completing word searches.

Patients' needs were met through a range of individual and group activities such as guessing games, quizzes, making bread and arts and crafts.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On review of the home's environment, inappropriate storage of items was observed in identified bathrooms. Continence products and some items used for personal care that had the potential to be shared communally were seen to be stored in bathrooms. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good

working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jane Moore has been the manager in this home since 9 January 2015. The deputy manager was in charge of the home during the care inspection, as the manager was not on duty.

Records reviewed showed that although competency and capability assessments had been completed for trained staff left in charge of the home when the manager was not on duty, there was no evidence that these had been meaningfully reviewed, signed and dated by the staff member and the assessor to indicate that the necessary requirements had been achieved. An area for improvement was made.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Patient, patients' representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sarah Armstrong, Deputy 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: With immediate effect 24 October 2024	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime. Ref: 3.3.2
	Response by registered person detailing the actions taken: Dining room has been repainted and a new whiteboard is displayed on wall with daily menu for all patients to see.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect 24 October 2024	The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection. The manager should ensure bathrooms are monitored to ensure that they remain clutter free. Ref: 3.3.4
	Response by registered person detailing the actions taken: Manager is completing audits of all bathrooms to ensure compliance with IPC practices
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that staff competency and capability records are meaningfully reviewed, signed and dated when this has been achieved. Ref: 3.3.5
	Response by registered person detailing the actions taken: Management are ensuring all competencies are reviewed and signed and dated on completion

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews