

# Inspection Report

28 October 2021



## Faith House

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

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## 1.0 Service information

<b>Organisation:</b> Board of Trustees - Faith House  <b>Responsible Individual</b> Mr Mervyn Wishart	<b>Registered Manager:</b> Mrs Jane Moore  <b>Date registered:</b> 9 January 2015
<b>Person in charge at the time of inspection:</b> Jane Moore - Manager	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. TI – Terminally ill. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 35 patients. The home is located on the ground floor and a Residential Care Home occupies part of the ground floor and the first floor. The registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 October 2021, from 9.15 am to 6.00 pm by a care 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff were knowledgeable about individual patients. Staff provided care in a compassionate manner while respecting patients' personal preferences.

Areas requiring improvement were identified. Details can be found in the Quality Improvement Plan (QIP) in section 7.0.

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.

RQIA were assured that the delivery of care and service provided in Faith House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

In total 12 patients, relatives and staff were spoken with during the inspection about their views on the care and services provided in Faith House.

Six patients spoken with said they were happy with the care they received stating "it's brilliant her and I am well looked after," and "there are plenty of nurses if I need them."

Three relatives spoken with said “we are happy with the care (our loved one) is getting here,” and “staff ring if there are any changes even during the night.”

Three staff commented “I really love it here,” and “the manager is really supportive and flexible.”

Two patient questionnaire was received and confirmed that they were very satisfied that care was safe, effective, compassionate and well led.

No responses were received from the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

## 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 21 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 29	The registered person shall ensure that monthly quality monitoring visits are undertaken	<b>Met</b>

<b>Stated:</b> First time  <b>To be completed by:</b> Immediate effect	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
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<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that care records are reviewed in relation to the areas outlined in the report.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that the menu is displayed on a daily basis.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> A number of robust quality improvement audits were in place however there was a lack of IPC and PPE audits completed. This area for improvement has been partially met. <b>This area for improvement has been stated for a second time.</b>	<b>Partially met</b>

## 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 received an induction when they commenced their job to ensure they had a good knowledge of their roles and responsibilities.

Regular checks were in place and recorded to ensure staff were registered with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing well and additional training was provided in dementia awareness and positive behaviour support. The manager advised that update training would be sourced for breaking bad news and end of life care.

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.

The record of the competency assessment for the nurse-in-charge in the absence of the manager was not up to date. This was discussed with the manager and an area for improvement was identified.

Review of the supervision and appraisal records identified that this had not been completed for most staff. An area for improvement was identified.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. 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, supporting patients to spend time in their own rooms or in communal areas of the home.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Call balls were answered in a timely manner and patients confirmed staff were available when they needed them.

Patients' relatives said there was always staff around and available and they found it easy to make contact with staff by telephone.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, 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, 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.. Staff were knowledgeable of individual patients' 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. Staff explained to patients what they were doing before undertaking personal care.

Patients who are less able to mobilise require special attention to their skin care. These patients require assistance by staff to change their position regularly. Care records however did not always accurately reflect the patients' needs in relation to the use of pressure relieving mattresses. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example bed rails and buzzer mats were used following a risk assessment.

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. Staff had made an effort to ensure patients choice and preferences were met.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the patients.

Patients' needs were assessed at the time of their admission to the home. However all care records were not updated with the most recent information in relation to dietary supplements, dependency during personal care and the record of the resident's preferred name. An area for improvement was identified.

It was also noted that updates or changes to care records were not always discussed and agreed with patients or their family. 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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example. patients' bedrooms were personalised with items important to the patient.



Bedrooms and communal areas were well decorated, suitably furnished and comfortable. 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 newspapers, magazines and snacks and drinks available.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A wheelchair was noted to be in front of an exit door and when discussed with staff this was removed immediately. This will be reviewed at future inspections.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

The treatment room was not locked and access was available to a fluid thickening agent which had not been locked away. This was discussed with staff and locked away immediately. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. Temperature checks and health questionnaires were completed by visitors in entering the home.

Patients and patients' relatives said the home clean, tidy and well presented. No concerns were raised about the cleanliness or décor of the home.

#### **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. Could have family in their room to visit, could join in with the hymn singing or take part in the activities daily.

Patients also told us that they participated 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. However the records did not show who had attended the meetings. This was discussed with the manager for her review and action. This will be reviewed during forthcoming inspections.

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.

There was a range of activities provided for patients by staff. As said previously patients had helped plan their activity programme.



The range of activities included knitting, prayer meetings, cooking, exercises, hairdressing, word games and hymns. Patients were observed making pumpkin pancakes and making bird feeders.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Three relatives confirmed that they were kept well up to date with phone calls and text messages from the home and had not complaints regarding this.

Patients said they looked forward to their relatives visiting the home. Relatives said they were able to book visiting at any time of the day and had not concerns about visiting arrangements. The visiting guidelines in place were not the most up to date DOH visiting guidelines. This was discussed with the manager who agreed to review this immediately. This will be reviewed at the next inspection.

### **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 registered manager of this home since 9 January 2015.

There was evidence that a robust system of auditing was not in place to monitor the quality of care and other services provided to patients. This area for improvement has been stated for a second time.

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. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 which happened in the home. However, accidents and incidents were not all notified, if required, to patients' next of kin, their care manager and to RQIA. An area for improvement was identified.

There was a system in place to manage complaints. 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.

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

The home was visited each month by 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; however where action plans for improvement were put in place, these were not always followed up to ensure that the actions were correctly addressed. An area for improvement was identified.

## 6.0 Conclusion

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Patients were taking part in making pancakes and said they enjoyed this and the “pancakes were lovely.”

Staff were observed to work well as a team and the manager was available to offer support when this was needed.

Based on the inspection findings nine areas for improvement were identified. Seven were in relation to safe and effective care and two were in relation to the service being well led – details can be found in the Quality Improvement plan in section 7.0.

## 7.0 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 (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Jane Moore, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure fluid thickening agents are stored securely.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> all thickening agents are appropriately stored, all staff aware of importance of always keeping them stored when not in use.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all notifiable events are reported to RQIA in a timely manner. This is in relation to accidents and incidents.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> responsible staff aware of importance of ensuring accidents and incidents reported in a timely manner</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> actions will be followed up and signed off each month</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</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: 5.1 and 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> monthly audits are always completed to ensure infection control adherence. Weekly audits in place for PPE and Hygiene. infection control link staff in house who monitor staff compliance and record and action as required.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the competency and capability assessment for the person in charge of the home in the absence of the manager is completed and up to date.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> all competency assessments are completed for person in charge. These will be reviewed and updated as needed with each staff member</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure staffs' performance is appraised and supervision is provided to promote the delivery of quality care and services.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that processes and records for the prevention of pressure damage are in place, maintained and accurately recorded. This is in relation to the use of pressure relieving mattresses.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> all staff complete appraisal and supervision , matrix is being updated</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> all care plans are regularly audited, matrix devised to ensure all areas are being checked to include dietary supplement, dependency and preferred name.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2021</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Management have discussed importance of evidencing communication with relatives and patient through documentation. Appropriate sheets in place to complete when discussions are had.</p>

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



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