

Unannounced Inspection Report 1 October 2019



Faith House

Type of Service: Nursing Home
Address: 25 Orpen Park, Belfast, BT10 0BN
Tel No: 028 9061 2318
Inspector: Rachel Lloyd

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home with 36 beds. The nursing home is on the same site as a residential care home.

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: 10.00 -11.50 Mrs Heather Weir, Nursing Sister 11.50 -15.35 Mrs Jane Moore	Date manager registered: 9 January 2015
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category TI – Terminally ill PH – Physical disability other than sensory impairment	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 1 October 2019 from 10.00 to 15.35.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 the management of medicines, the environment, the activities provided in the home and the dining experience.

One area for improvement was identified in relation to registered nurses in charge of the home being knowledgeable regarding the registration status of the home.

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

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of 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	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jane Moore, Registered Manager, on 3 and 8 October 2019, 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 9 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the care inspection on 9 April 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- a sample of patients records of care and progress notes
- RQIA registration certificate

Areas for improvement identified at the last 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 medicines management inspection

There were no areas for improvement identified as a result of the medicines management inspection on 13 December 2018.

6.2 Review of areas for improvement from the most recent care inspection on 9 April 2019

Areas for improvement from the most recent care inspection dated 9 April 2019

Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 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: The information displayed had been reviewed and some information removed. Staff advised that the office was kept locked when not in use and that this area is only occasionally used for consultation with relatives/visitors.	

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.

Staff advised that they felt that there were enough staff to meet the needs of the patients and this was evidenced during the inspection. The patients we spoke with said that they felt well looked after in the home. The visitors we spoke with were complimentary regarding staff and management and did not raise any concerns regarding staffing levels. Patients' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm; all areas inspected were appropriately decorated. There were no malodours. Corridors were free from trip hazards and cleaning products were stored securely.

The storage of wheelchairs and hoists in one corridor was discussed. The registered manager advised that storage in this corridor had been reviewed and work was planned for the storage of wheelchairs. It was acknowledged that the hoists were removed from this corridor immediately following their use by staff/patients and the registered manager confirmed that hoists are not stored in this area. Signage was observed to this effect.

A sample of personal medication records and medication administration records was reviewed and were generally appropriately maintained. Registered nurses were reminded that two staff should verify and sign handwritten additions to medication administration records. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

We reviewed the serving of lunch in the main dining room. Lunch commenced at 12.30. Patients dined in the main dining area or their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required their meals modified were also afforded a choice of meal. Food was served from a heated trolley when patients were ready to eat their meals or ready to be assisted. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients spoke positively about the food. Records of food and fluid intake were maintained if required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients enjoyed a nutritious meal.

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.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Patients were involved in craft activities in the lounge, including Christmas card making, knitting, and board games. Staff were on hand to assist when necessary. Patients were enthusiastic about the preparations in the coming weeks for the home's annual craft fair.

We spoke with three patients individually and groups of three and five patients enjoying activities in the lounge. All were complimentary regarding the staff and the care provided. The following are some of the comments made:

"I love it here."

"I'm very content and happy to be here."

"I couldn't fault the care. I have pains from ... but I'm well looked after and if I need anything I get it straight away."

"I wouldn't have a thing to complain about. Everything done here is of the highest quality. We are very well looked after."

We spoke with two visitors who were also complimentary regarding the care provided, staff and management. One commented "My friend is well looked after and happy here."

Of the questionnaires that were issued, one was returned from a patient and one from a relative. The responses indicated that they were very satisfied with all aspects of the care. One relative commented, "We are really pleased with the home and the staff. A very friendly, happy place".

Observation of the care practices evidenced that staff adopted a person centred care approach and engaged patients in appropriate and caring conversation. Staff communicated with patients in a manner that was sensitive and understanding of their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. One medicines related incident reported since the last medicines management inspection was discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff were aware of the nature of incidents which may need to be reported to the safeguarding team.

We met with six staff who advised that there were good working relationships and that management were supportive, approachable and responsive to any suggestions/concerns.

During the inspection, it was identified that a resident from Faith House Residential Home was being accommodated in Faith House Nursing Home. This resulted in Faith House Nursing Home operating outside of their registration with RQIA. This was discussed with the registered manager and deputy manager of the home. The registered manager confirmed that the resident could move into the residential care home on the day of the inspection. It was confirmed via email on 8 October 2019 that this had taken place and that the nursing home was back in compliance with their registration. Other than the registered manager, the staff spoken to during the inspection were not clear that accommodating this resident in the nursing home was outside of the conditions of registration of the home. An area for improvement was identified to 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.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified regarding nurses who are in charge of the nursing home, in the absence of the manager, being knowledgeable regarding the registration status of the home.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jane Moore, Registered 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 Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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 via the 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 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: all staff who would have nurse in charge responsibilities are aware of registration status of the home and will ensure that any admissions are only done in accordance with the statement of purpose and conditions of registration of the home.</p>

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



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