The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Faith House

Provider: Board of Trustees – Faith House

Date of Inspection: 29 October 2025

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 Person:	Mr Brian Ambrose
Registered Manager:	Mrs Jane Moore
Service Profile – This home is a registered residential care home, which provides health and social care for up to 32 residents. Residents' bedrooms are located over three floors and all residents have access to the communal bathrooms, lounge areas, a tearoom, a large dining room and the garden area. There is a nursing home, which occupies part of the first floor, and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2025, between 10.00 am and 5.15 pm by a care 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 28 October 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to residents, and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.
As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider.

Full details, including 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Residents spoken with said that the staff were "all very nice," and "lovely". Comments included, "The staff here are just like friends," and "They are all very nice, I could not be happier." One resident said, "I love it here, I have no issues."

Staff said that they enjoyed working in Faith House, staff said, "I have just started here, it is very good, I enjoy it." Another staff member told us "This is a nice place; there is good teamwork and good communication between us all."

Residents told us that they were encouraged to participate in regular residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

No additional feedback was received from residents, relatives or staff following the inspection.

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 residents. There was evidence of robust systems in place to manage staffing.

A review of the induction documentation for agency staff indicated that all agency staff had been inducted in to the running of the home.

Residents said that there was enough staff on duty to help them. Residents commented positively on the staff in the home and described them as 'very nice' and 'pleasant.' Staff said that there was good teamwork, they felt well supported in their role and they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents' choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to minimise this risk of falls were in place to safeguard the resident.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal.

Staff understood that meaningful activity was not isolated to the planned social events or games. One resident said, “There are plenty of activities here,” another resident said, “The activities are very good.”

Residents told us that they were encouraged to participate in regular resident meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, the planning of activities and the provision of meals. In addition to this, the home also has a residents’ meals committee where residents and staff meet to discuss meal times and to raise any concerns around the provision of meals in the home.

Arrangements were in place to meet residents’ social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents’ needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

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

3.3.4 Quality and Management of Residents’ Environment

The home was clean, tidy and well maintained. For example, residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

‘Homely’ touches such as a small library area, visitor’s café and a variety of games and puzzles were available for residents to enjoy.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home’s was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

There was evidence that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment, and staff practice to ensure compliance. However, some staff were wearing gel nail polish or watches, which is not in accordance with good practice in infection prevention and control. This was discussed with the manager during feedback for action. An area for improvement was identified.

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 5 June 2019.

Residents and staff commented positively about the manager and described her as supportive and approachable.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 2 **Ref:** Standard 28.3 **Stated:** First time **To be completed by:** 19 August 2025	The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty. Ref: 3.3.4
	Response by registered person detailing the actions taken: management are ensuring regular audits are completed to ensure compliance with this.

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

The Regulation and Quality Improvement Authority

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