The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Faith House

Provider: Board of Trustees – Faith House

Date of Inspection: 28 November 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 Individual:	Mr Brian Ambrose
Registered Manager:	Mrs Jane Moore
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. 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. There is a separate registered residential care home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 28 November 2025 from 09.40 am to 5.55 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 medicines management inspection on 17 July 2025; 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, the patient dining experience 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.

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 three areas for improvement were assessed as having been addressed by the provider; two areas for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement have been identified. Details 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 patients, 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

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 attending activities or not; 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 is clean and comfortable. Staff are attentive and approachable and there's always plenty of activities to attend. I like to have breakfast in my room and I go to the dining room for lunch sometimes. I know the manager well and could discuss any concerns with her and she would sort them out but I don't have any issues at all" and "Everything is going well. Staff are very pleasant and there's always enough staff about if I need them. I enjoy attending the activities provided and the food is good too".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Patients' relatives spoken with said, "Our family is very happy with the care Mum receives. We have no issues" and The staff are good and so is the care. We have no concerns but we could discuss them if we had with staff".

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

Staff said, "It's a good place to work and I enjoy my job. I never think I don't want to go to work" and "We have a good manager and a supportive staff team".

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey 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 systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well 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.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

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 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 knocking on patients' doors before entering, 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. We observed the serving of the lunchtime meal in the dining room. The menu was displayed on the notice board outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed 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 patients' 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 for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with said that they enjoyed lunch and that there was always plenty to eat.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as word games, prayer meetings and Christmas 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.

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.

Supplementary charts for patients who require to be assisted by staff to reposition for pressure relief, evidenced that patients were assisted to change their position frequently as identified in their care plan. However, when two staff were required to attend to patients to assist them to reposition, it was noted that on occasion only one signature was recorded. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

We observed the internal environment of the home and noted that building work and refurbishment was underway. RQIA were notified appropriately. Contractors were observed plastering the ceiling in an identified area of the home. It was noted that an appropriate partition was not in place in order to secure the area, as the flooring was noted to be uneven in places which could cause a possible trip hazard to patients or staff. An area for improvement was identified.

The manager confirmed that the matter would be addressed immediately and post inspection provided assurance and photographic evidence, that the area that posed a risk, was safely secured and inaccessible to both patients and staff, while work was being completed.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were 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.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as hoists and walking aids were noted to be effectively cleaned.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment (PPE), 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.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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 homes' complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Patient, patient representative and staff meetings were held on a regular basis. Minutes 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	1*	3*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Moore, Registered 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (17 July 2025)	The registered person shall ensure that robust systems are in place manage medicines with a short-shelf life after opening. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 24 July 2025	The registered person shall ensure that robust systems are in place for medicines prescribed for use 'when required', in the management of distressed reactions, to include: • a patient centred care plan, including the parameters for the administration of prescribed medicines • a record of the effect of any medicines administered Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 28 November 2025	The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times and that two staff signatures are recorded for patients who require two staff to reposition; nursing records should also evidence meaningful evaluation of this care by nursing staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: MAll staff have been advised of importance of ensuring two signatures when assist x 2 is required. Meetings held with all staff to reiterate importance of this and that nurses must have oversight. Management to complete regular audits tio ensure compliance.
Area for improvement 3 **Ref:** Standard 43.4 **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall ensure that the environment is safe for patients with risks for falling and slipping minimised and that in order to ensure patient safety, that reasonable steps are taken to minimise disruption to patients while building and refurbishment work is being undertaken in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: Management actioned any concerned noted in report on the day, Management met with both maintenance team and external builders to ensure safety is maintained at all times. Management will continue to monitor all areas that are having any works completed.

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