The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Faith House

Provider: Board of Trustees – Faith House

Date of Inspection: 10 September 2026

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

1.0 Service information

Registered Provider:	Board of Trustees – Faith House
Responsible Person:	Mr Brian Ambrose
Registered Manager:	Mrs Jane Moore
Service Profile: Faith House is a residential care home, registered to provide 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. Faith House nursing home occupies the same building and the registered manager is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2026, from 9.50 am to 4.05 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and 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 evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well 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.

One new area for improvement regarding staff supervision was identified during this inspection. Full 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 resident'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. 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 "Very helpful". Comments included, "They could not be any better to me," "I am happy here, we are very well looked after," and "I am very comfortable, I have everything I need."

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. Residents told us that staff offered choices to them throughout the day which included food and drink options, and where and how they wished to spend their time.

A visitor to the home commented, "This is a great place, I would recommend it to anyone."

Staff said that they enjoyed working in Faith House, staff said; "The staffing is good," I enjoy working here, the staffing levels are good," and "There is good team work, we are well supported."

Staff spoken with highlighted the support from the manager, one staff member said, "We can go to the manager with anything."

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.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

A review of the staff duty rota evidenced that the person in charge in the absence of the manager was not always recorded, this was discussed with the manager who agreed to address this immediately, this will be reviewed at a future inspection.

There was evidence that staff had received their formal appraisal; however, there was limited evidence that all staff had received formal supervision within the required timeframes. An area for improvement was identified.

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, throughout the day, staff were observed answering call bells promptly, offering residents choice and interacting with residents in a respectful and supportive manner.

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 offered resident's 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 reduce this risk were put in place.

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 through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There were robust systems in place to manage residents' nutrition and mealtime experience.

Residents participated in resident's meetings, which provided an opportunity for them to comment on all aspects of the running of the home. For example, planning activities and menu choices. In addition to this a resident survey had been carried out which also provided all residents the opportunity to offer their views on the service.

An activity schedule was in place. Staff understood that meaningful activity was not isolated to the planned social events or games. On the day of the inspection some residents were engaging on a card making activity. Residents commented positively on the activities provided in the home. One resident commented, "The activities are good, you don't have to go if you don't want to, they give you that choice."

Residents' needs were met through a range of individual and group activities such as word games, arts and crafts, hairdressing, one to one activities and religious services.

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.

There was evidence that for one recently admitted resident, risk assessments were in place, however no care plans had been drawn up as a result of these assessments. This was discussed with the manager who addressed this immediately. Therefore, an area for improvement was not identified at this time and this will be reviewed at a future inspection.

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 well decorated, suitably furnished, warm and comfortable.

'Homely' touches such as snacks and drinks were available for residents and their visitors in a tea room. A small library area was also available for residents borrow books and complete puzzles.

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 was safe to live in, work in and visit, for example fire safety checks. The latest fire risk assessment was carried out on the 12 April 2026, this resulted in no actions.

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.

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, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. 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/or the quality of services provided by the home.

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 1 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall ensure that all staff receive formal recorded supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: Responsible staff have been spoken to by management to ensure that supervisions are completed within 6months timeframe, with at least 2 supervisions per 12month period.Management will monitor for compliance.

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

The Regulation and Quality Improvement Authority

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