

Inspection Report

Name of Service: Naroon House

Provider: Naroon House

Date of Inspection: 8 May 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:	Naroon House
Registered Person:	Ms Mary Kelly
Registered Manager:	Ms Mary Kelly
<p>This home is a registered residential care home which provides health and social care for up to 12 people under and over 65 years of age, with a learning disability or a mental health disorder excluding learning disability or dementia.</p> <p>Residents' bedrooms are located over two floors and residents have access to communal lounges, a dining room and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 May 2025, from 10.15 am to 4.45 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 20 June 2024; 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 in relation to care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships. Staff were knowledgeable and well trained to deliver effective and compassionate care.

Residents said that living in the home was a good experience. Residents 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 four areas for improvement were assessed as having been addressed by the provider and one area for improvement in relation to medicines management has been carried forward for review at a future inspection. Full details, including two 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 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 they were well looked after by the staff and felt safe and happy living in Naroon House. 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 where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Staff told us that the manager was approachable and they felt well supported in their role. They said they could speak freely to the manager if they had any concerns and would be confident that anything raised would be sorted out promptly. Staff said that they enjoyed working in the home and knew the residents well. They confirmed that staffing levels are satisfactory; there is enough time to complete daily tasks and the staff team are reliable and supportive.

Following the inspection, we received nine completed resident questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

Staff questionnaires returned confirmed that residents are well cared for; the staff team and management are approachable, supportive and work well as a team; the atmosphere in the home is always warm and welcoming and that staff enjoy working in Naroon house.

A District Nurse who was visiting the home at the time of this inspection said they had been coming to the home for a number of years and had a great relationship with the residents, the

manager and staff. They had no issues at all and confirmed that staff were helpful and caring and that the residents were looked after well.

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 told us that they felt safe and well cared for; they enjoyed the food and that staff were kind. They said that Naroan House is a good place to live; 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 resident's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Residents were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

The atmosphere in the home was welcoming, friendly and inclusive.

Staff met at the beginning of each shift to discuss residents' care, to ensure good communication across the team about any changes in residents' needs. Staff were knowledgeable about individual residents' needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

It was observed that staff respected residents' privacy and dignity by offering personal care to residents discreetly and discussing residents' care in a confidential manner. Staff were observed to be skilled in communicating with residents. They were observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Birthdays and annual holidays were celebrated and on occasions residents, their families and staff attended larger events. On the afternoon of inspection residents and guests enjoyed a party in the garden.

Activities for residents were provided which involved both group and one to one activities such as listening to music, reading, arts and crafts. Residents spoken with said they enjoyed the activities that were provided.

Review of the residents' activity folder evidenced that a record is kept of activities that take place, the name of the person leading each activity and the residents who take part. However,

it was noted that a group activity had not been recorded. This was discussed with the manager and will be reviewed at the next inspection.

Residents attended regular meetings with staff to enable them to discuss their views and opinions about the home, their care and forthcoming events such as the provision of activities, outings and celebrations. This helped to increase staff knowledge of residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Minutes of these meetings were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise. Mealtimes were observed to be flexible and unhurried to meet the needs of the residents, especially if they were going out. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. It was noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A variety of drinks, snacks and fruit was available for residents throughout the day.

3.3.3 Management of Care Records

Residents' needs were assessed 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. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

On review of the home's environment, inappropriate storage of items that had the potential to be shared communally, such as shampoo and soap were observed in an identified bathroom. An area for improvement was identified.

Cleaning products were observed to be securely stored. However, whilst cupboards in the medication area were appropriately locked, it was observed that one cupboard that stored medication was unlocked and staff were not in the area. An area for improvement was identified.

The manager confirmed 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. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, 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. Ms. Mary Kelly has been the Manager in this home since 28 August 2015.

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

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 residents. There was evidence that the manager took measures to improve practice, the environment and the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to RQIA when required.

Staff meetings were held on a regular basis. Minutes of these meetings 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	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Mary Kelly, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: Ongoing from the date of inspection (8 May 2025)	<p>The registered person shall ensure that any medication which is kept in the home is stored in a secure place in order to make proper provision for the health and welfare of residents.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All medication is stored in locked cupboards. All locks have been reviewed and confirmed as secure. All staff have been reminded of the importance of maintaining this secure area at recent staff meeting on 21/05/25.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: Ongoing from the date of inspection (9 March 2023)	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines.</p> <p>Ref: 2.0</p> <p>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.</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: Ongoing from the date of inspection (8 May 2025)	<p>The registered person shall ensure that items that have the potential to be shared communally, are appropriately stored; this relates to inappropriate storage within an identified communal bathroom, in order to adhere to best IPC practice and to minimise the risk of infection.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: These items were removed straight away during inspection. They were a couple of extra stock items. All residents now each have a personal toiletry basket which is kept in their room and is taken to and from the bathroom as and when required by the resident.</p>

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