

# Inspection Report

22 June 2023



## Naroon House

Type of service: Residential Care Home  
Address: 1 Ballyquillan Road, Crumlin, BT29 4DD  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individual:</b> Miss Mary Kelly	<b>Registered Manager:</b> Miss Mary Kelly  <b>Date registered:</b> 28 August 2015
<b>Person in charge at the time of inspection:</b> Miss Mary Kelly	<b>Number of registered places:</b> 12
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years. LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential home which provides health and social care for up to 12 persons. The home is divided over two floors. Residents have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 June 2023 from 9.40 am to 2.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy with a fresh smell. The environment was well maintained with a high standard of décor and homely touches throughout.

Residents spoke in positive terms about their experiences living in Naroon House and were complimentary about the staff and manager. Residents looked well, in that attention had been paid to personal hygiene and dressing needs. It was positive to note residents going about their preferred daily routines and participating in daily life. For example, helping with chores around the home, gardening, going for walks, or going out to visit family and friends.

It was observed that the staffing arrangements were adequate to meet residents' needs and staff responded to residents in a prompt and compassionate manner. Staff demonstrated a good awareness of the residents and their preferences.

Evidence of good practice was seen in relation to resident experience, resident involvement, staff interactions, and working relationships. It was positive to observe a culture and ethos of providing a homely atmosphere and valuing residents' opinions.

Areas for improvement identified at the last care inspection were reviewed and assessed as met. New areas for improvement were identified in relation to staff supervisions, care records, and governance of care records.

RQIA were assured that the delivery of care and services provided in Naroan House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Mary Kelly, Registered Person, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents and staff were consulted during the inspection and six completed staff survey responses were received by RQIA within the allocated timeframe. Their views are shared in this report.

No questionnaire responses were received from relatives.

Residents spoke positively about living in Naroon House; describing the staff and manager as “wonderful” and “the best”, said that they were happy with the food and level of cleanliness in the home, and told us that they could exercise choice throughout the day. Residents were keen to tell us that they now have resident meetings where they get to share their opinions on the running of the home and make suggestions about things they would like to see or do.

Staff told us that they were very satisfied that the delivery of care in the home was safe, effective, and compassionate, and that the service was well led.

Staff said that they felt listened to and valued and spoke about prioritising resident wellbeing and happiness. Staff spoke about the importance of providing a homely environment for residents and described working in the home as “a privilege”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 March 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.3. and 3.7  <b>Stated:</b> First time	The registered person shall review the pre-admissions process to ensure compliance with the home's statement of purpose, registered categories of care, and regulations and standards.	<b>Met</b>
	Pre-admission records should be available for inspection.	
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

	Detail may be needed if partially or not met is the outcome. Can refer the reader to other sections for the detail	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	The registered person shall ensure that individual risk assessments are completed and/or reviewed no less than one month following admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of employee records evidenced that all pre-employment checks were completed before any person started work in the home. Review of records and discussion with staff evidenced that staff were provided with an induction to their role at the commencement of their employment.

Checks were made to ensure that staff maintained their registrations with their professional bodies. Staff that were new to care were supported to completed the registration application process to Northern Ireland Social Care Council NISCC in a timely manner.

Staff were supported in providing effective care through essential training which was provided on eLearning and where required practical formats. The manager had good oversight of staff compliance with essential courses.

To further support staff with their continuous development, promote best practice and quality of care, and to ensure staffs' training needs are being met, services are required to provide staff with performance appraisals annually, and formal supervisions no less than every six months. Review of records showed that annual appraisals had commenced for 2023, however no formal supervisions had been carried out since 2021. An area for improvement was identified.

Staff were seen to be polite and professional in manner during interactions with residents, visiting professionals, and each other, and to have a warm and compassionate demeanour with residents.

It was established that there were enough staff in the home to meet residents' needs and staff and residents confirmed that they were satisfied with staffing levels.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the health and wellbeing of residents was their main priority and took pride in creating a homely atmosphere where residents could carry out their preferred routines.

Residents told us that staff were always available when they needed and that the manager was regularly available and contactable at all times. Residents described the staff and the manager as "the best" and "wonderful."

### 5.2.2 Care Delivery and Record Keeping

Staff demonstrated knowledge of residents' wishes, preferences and needs, and of how to provide comfort and support where required. There was a pleasant and relaxed atmosphere in the home throughout the inspection and staff were observed to be caring and friendly during interactions with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was observed and found to be a pleasant opportunity for residents to socialise and the atmosphere was calm, relaxed, and homely. A menu was on display in the dining room.

Residents' needs were assessed at the time of their admission to the home. Each resident had a general risk assessment completed and further specific assessments were carried out such as falls risk assessments. Care plans were then developed to instruct staff on how to assist residents with daily activities of living where required.

A number of shortfalls were identified within the care records. For example, one resident's risk assessment was not updated following a fall. In another resident's records a number of inconsistencies were found, such as, the daily routine and care plan stated that the resident required level six food and level one drinks, however the same resident's general risk assessment stated no special diet. Furthermore, this resident's care plan stated that they required assistance in relation to mobility, personal care, elimination, and sleeping, yet the care review records showed that this resident was independent with all of these aspects of living. In addition to these shortfalls, a number of risk assessments were not signed by the person completing them. An area for improvement in relation to accuracy and consistency of care records was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.



Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home and retained within the residents' care file.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy, and fresh smelling throughout. Residents' bedrooms were personalised with items of memorabilia and special interest to each resident.

The communal lounge and dining room were well decorated and suitably furnished, with homely touches such as framed photos of residents, ornaments, and cushions.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Corridors were free from clutter and fire exits were clear and free from obstruction. The most recent fire risk assessment was completed on 13 June 2023 and the home were awaiting the written report. The manager confirmed that no recommendations were made following the fire risk assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times.

Residents said that they were very satisfied with the cleanliness of the home. Staff confirmed that their daily duties included the cleaning of all resident areas and regular touch points.

### **5.2.4 Quality of Life for Residents**

Residents confirmed that they were able to choose how they spent their day; they could get up and retire to bed at their preferred times, could choose what to wear and where they spent their time. Residents were seen to move freely around the home and gardens.

Observation of life in the home confirmed that residents were encouraged and facilitated to participate in activities of regular daily life if they so wished. For example, going out on errands, visiting restaurants and local attractions, or helping with housekeeping and gardening chores around the home.

Residents told us that they were encouraged to participate in resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices. Residents said that they enjoyed these meetings and felt that their opinions were valued.

Visiting arrangements were in place to the benefit of residents social and mental wellbeing. The professional visitor confirmed that they felt welcomed in the home.

### 5.2.5 Management and Governance Arrangements

There had been no changes to the management of the home since the last inspection with Miss Mary Kelly being the Registered Manager since 2015, and the Responsible Person since February 2021. It was positive to note that the manager was taking part in the 'My Home Life' programme run by the University of Ulster and sponsored by the Department of Health. The manager told us that they found the My Home Life course to be interesting and supportive and was enthusiastic about implementing her learning from this programme into Naroon House.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. The manager was confirmed as the adult safeguarding champion for the home.

There was a system in place to manage complaints. A review of records showed that no complaints had been made since 2015. The manager informed us that this was accurate.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. It was found that this system did not capture care records, and had this been the case the shortfalls noted with consistency and accuracy of care records may have been rectified or prevented. An area for improvement was identified.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents and staff spoke positively about the management of the service. Residents told us that the manager was regularly available to them and commented on the manager's dedication, "Mary is wonderful...she never stops working and does so much for us."

Staff told us that the manager was always available or contactable for support or guidance.

### 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Kelly, Registered Person, 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 (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (9 March 2023)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2023	The registered person shall ensure that all staff are provided with formal supervision no less than every six months or more frequently if indicated. Records should be maintained.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All staff have completed formal group supervision and the records are kept in our Naroon House staff supervision and appraisal file.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5.4, 5.5, and 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2023	The registered person shall ensure that all residents' risk assessments and care records are maintained up to date, with accurate information, and signed by the person completing.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All residents risk assessments and care records have been updated with all relevant information for each resident and signed by management.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.10 and 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2023	The registered person shall ensure that a robust system of auditing is in place to monitor the quality and accuracy of residents' care records.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> We have developed a care record audit which details all the relevant information needed for each of our resident's individual files.

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



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