

Unannounced Care Inspection Report 3 May 2017



Naroon House

Type of service: Residential Care Home
Address: 1 Ballyquillan Road, Crumlin, BT29 4DD
Tel no: 028 9445 2204
Inspector: Kylie Connor

1.0 Summary

An unannounced inspection of Naroon House took place on 3 May 2017 from 07.15 to 13.30.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

There were examples of good practice found throughout the inspection in relation to training, supervision and appraisal, infection prevention and control and the home's environment.

Two recommendations were made in regard to risk assessment and fire drills.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Three recommendations were made in regard to care plans, audits and staff meetings.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regard to an accident/incident policy and procedure.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with, Mary Kelly, registered manager and Mrs Margaret Kelly, registered provider as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 January 2017.

2.0 Service details

Registered organisation/registered person: Margaret Kelly	Registered manager: Mary Kelly
Person in charge of the home at the time of inspection: Janice McKillion then Mary Kelly shortly thereafter.	Date manager registered: 28 August 2015
Categories of care: 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	Number of registered places: 12

3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care inspection report; notifications of accidents/incidents.

During the inspection the inspector met with the registered manager, the registered provider, four residents, two care staff and one visiting professional.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedule
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 13 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 13 January 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered provider must ensure that all radiators are individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidelines.	Met
	Action taken as confirmed during the inspection: We confirmed following discussion with the registered manager and observation of one radiator which had been fitted with a cover, this had been addressed.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents or staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

The registered manager confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The inspector advised that the home obtain the document, Recruitment, Selection and Induction (February 2016) from the Labour Relations Agency. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The registered manager confirmed that the adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the

home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably the arrangements for the management of smoking materials, bed rails and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager and examination of accident and incident records confirmed that no individual restraint was employed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment supported this view.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. A greenhouse was in the garden; the registered manager confirmed that it was not currently in use. The registered manager confirmed that a risk assessment would be completed prior to reinstating its use. An external covered smoking area was available for residents use; the registered manager confirmed that a risk assessment had not been completed. A recommendation was made to complete a risk assessment of the smoking area.

There were no other obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 1 August 2016 and no recommendations had been made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Unannounced fire drills were not being completed to support formal training and a recommendation was made. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “Handovers are very good.”
- “We recently did fire training, moving and handling, COSHH and first aid.”

A professional commented:

- “Staff know the residents well.”
- “Staff are always ready and prepared and pleasant.”
- “The food is fantastic.”

Ten completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- “I feel particularly (safe) at night because the doors are locked.”
- “I feel very, very safe here.”

Areas for improvement

Two areas for improvement were identified in relation to the completion of a risk assessment of the smoking area and to carry out unannounced fire drills.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

In two care records reviewed, there were care plans pertaining to behaviour issues; the registered manager verified that these were historical issues. In addition, the care plans had insufficient detail regarding behaviour triggers and how staff should respond. One care record referred to a resident diagnosed with diabetes but there was no individual care plan in place; a recommendation was made.

Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example staff stated that as soon as a resident makes any request, the registered manager 'bends over backwards' to meet it.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The development of a range of audits such as risk assessments, care plans, care review, environment and catering was discussed with the registered manager; a recommendation was made.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager had not made a record of recent staff meetings and a recommendation was made. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

One staff member commented:

- "It (teamwork) is good, all staff are very helpful."
- "I don't go to X resident, who likes to lie on."
- "Mrs Kelly and Mary are very caring, it's a caring environment."

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents:

- “Very happy with the care personally and the care of the home – it’s very clean.”
- “This is a five star hotel, with five star treatment.”

Areas for improvement

Three areas for improvement were identified in relation to care plans, the development of audits and records of staff meetings.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, their independence and dignity; they were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, annual reviews and monthly monitoring reports.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example a number of residents attended local centres, the local mobile library visits the home and a visitor lounge was available and had recently been redecorated.

Staff and residents spoken with during the inspection made the following comments:

- “They all seem really happy and well cared for.” (Staff)
- “The girls are great. I’ve got what I really wanted (living in Naroon).” (Resident)
- “It’s a lovely place to work and a lovely place to live.” (Staff)
- “They are very kind.” (Resident)

Ten completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were:

- “I love my own room.”
- “Nobody ever annoys me! Everyone is very friendly.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were currently being reviewed and thereafter would be systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records and discussion with staff confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Two policies and procedures pertaining to accident/incident/notifiable events were in place. Both were dated more than three years ago and did not fully reflect Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005 and current RQIA guidance; a recommendation was made. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager confirmed that

learning from accidents and incidents is disseminated to all relevant parties and action plans developed to improve practice. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager stated that she tries to attend training provided by the trust. The registered manager stated that she plans to attend training in June 2017 in regard to medicines management for managers. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that this was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered provider confirmed that she was kept informed every day regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

A comment received from a staff member:

- “We are very fortunate to have such an approachable, caring management in the home. No problem is too much for Mary and Mrs Kelly and they are always there to provide aid and support.”

Comments received from residents:

- “Mrs Kelly, Mary and all the staff couldn’t be better.”
- “Mary is a great manager.”

A professional commented:

- “I feel the residents in Naroon are very well looked after in all aspects.”

Areas for improvement

One area for improvement was identified in relation to reviewing and updating the two policies and procedures pertaining to accidents and incidents, reporting, recording and notification.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Kelly, Registered Manager and Margaret Kelly, Responsible Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that a risk assessment of the smoking area is completed.</p> <p>Response by registered provider detailing the actions taken: A fire risk has now been completed for the smoking area adjoining the care home.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that unannounced fire drills are carried out routinely to support training. Records should be retained of staff who participated and any learning outcomes.</p> <p>Response by registered provider detailing the actions taken: The registered provider has now completed unannounced fire drills on all staff. No concerns were identified following the fire drills. Management will continue to undertake these unannounced fire drills to reinforce training at least every three months. A record is being kept of these drills.</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that care records of residents diagnosed with diabetes include a care plan for the management of diabetes and that care plans regarding historical behaviours which challenge are reviewed and removed if they are not current.</p> <p>Response by registered provider detailing the actions taken: Care plans have been updated to accurately reflect the management of diabetes. Any care plans indicating historical behaviours that challenge are currently being reviewed and either updated or removed as applicable.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2017</p>	<p>The registered provider should review and develop the use of audits of working practices in the home to support ongoing quality improvement.</p> <p>Response by registered provider detailing the actions taken: We are in the process of reviewing our quality improvement audits. As a result, the following audits will either be reviewed or audited (this is in addition to current audits).</p> <ol style="list-style-type: none"> 1. Weekly medication audits 2. Dignity in care audits 3. Monthly care plan audits 4. Infection control monthly audit 5. Monthly health and safety audit.

<p>Recommendation 5</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered provider should ensure that a record is kept of all staff meetings that include the date, the names of those attending, minutes of discussions and any actions agreed.</p> <hr/> <p>Response by registered provider detailing the actions taken: A more accurate record of staff meetings will be kept. Currently, a staff meeting for 3rd July 2017 is being organised.</p>
<p>Recommendation 6</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should ensure that the two policies and procedures relating to notification of accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affect the wellbeing and safety of any resident are reviewed to reflect Regulation 29 of the Care Homes Regulations 2005 and current RQIA guidance.</p> <hr/> <p>Response by registered provider detailing the actions taken: All policies and procedures within the home are being reviewed and updated as required. The two policies and procedures highlighted in the report have now been updated.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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