



The Regulation and  
Quality Improvement  
Authority

Inspector: John Mc Auley  
Inspection ID: IN023072

Naroon House  
RQIA ID: 1330  
1 Ballyquillan Road  
Crumlin  
BT29 4DD

Tel: 02894452204  
Email: [marykelly2013@hotmail.co.uk](mailto:marykelly2013@hotmail.co.uk)

---

**Unannounced Care Inspection  
of  
Naroon House**

**3 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 3 September 2015 from 10:30am to 2pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area of improvement was identified in relation to fire safety and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the Registered Manager Miss Mary Kelly as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Margaret Kelly	<b>Registered Manager:</b> Mary Kelly
<b>Person in Charge of the Home at the Time of Inspection:</b> Mary Kelly	<b>Date Manager Registered:</b> September 2015
<b>Categories of Care:</b> RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E)	<b>Number of Registered Places:</b> 12
<b>Number of Residents Accommodated on Day of Inspection:</b> 11	<b>Weekly Tariff at Time of Inspection:</b> £470

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/ Process

Specific methods/ processes used in this inspection include the following:

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents, four staff members and the registered manager.

We inspected the following records; three residents' care records, complaints records, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced primary care inspection dated 10 June 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote outcomes for residents.</p> <p>Reference to this is made in that the home policy and procedure on challenging behaviour and responding to resident's behaviour needs to be revised to be more informative and detailed, and include the implication of the Human Rights legislation in respect of same.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            This policy and procedure was revised accordingly.</p>	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 23.7	<p>There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the organisation.</p> <p>Reference to this is made in that a timeline of training should be put in place in respect of training for staff in mental health needs.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The home's training and development plan was revised accordingly. However actual training for staff in respect of mental health needs has yet to be addressed.</p>	

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is Care Safe? (Quality of Life)**

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. Staff confirmed how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed. An example of this was discussed in relation to a recent event where residents attended a funeral service for a deceased resident.

We also received a letter of praise and gratitude on a previous inspection to the home from a relative of a deceased resident. This letter detailed how they felt the care and support afforded was with compassion and kindness.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

#### **Is Care Effective? (Quality of Management)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for any resident who is receiving palliative care by district nursing services.

We inspected three residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

### **Is Care Compassionate? (Quality of Care)**

The home had a policy and procedure pertaining to death of a resident. This policy and procedure guide and inform staff on this area of care. There is associated guidance available for staff.

Training in this area of care is received in staff induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need.

### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. This standard was found to be fully met. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **5.4 Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of Life)**

Staff have received training in continence management in their induction. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected three residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers. We also observed that call assistance alarms were answered promptly.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

### **Is Care Effective? (Quality of Management)**

The home has a policy and procedure pertaining to the promotion of continence and on the assessment and management of incontinence. There are also associated guidance and information available to staff.

Staff have received training in continence management in their programme of induction.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

## Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private sensitive manner.

### Areas for Improvement

There were no areas of improvement identified with this theme inspected. This theme was found to be fully met. The overall assessment of this theme considered this to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### Additional Areas Examined 5.5.1 Residents' Views

We met with all the residents in the home. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

"This is my home, which I just love"

"I am happy here"

"Everybody is all good to us"

"There are no complaints"

"I like it here"

"I am happy to be here".

### 5.5.2 Relatives' Views

There were no visiting relatives in the home at the time of this inspection.

### 5.5.3 Staff Views

We met with two staff of various grades, as well as the management of the home. All spoke on a positive basis about the teamwork, morale, workload, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

Six staff questionnaires were distributed during this inspection for return.

### 5.5.4 Staffing

The staffing levels at the time of this inspection consisted of;

- The registered provider who was doing cooking duties
- The registered manager
- A deputy manager
- A senior care assistant
- A domestic.

These levels were found to be appropriate to meet the residents' needs, taking account of the layout of the home at the time of this inspection.

### **5.5.5 General Environment**

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a reasonable standard.

### **5.5.6 Care Practices**

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising, well presented dinner time meal was provided for.

### **5.5.8 Fire Safety**

We reviewed the home's most recent fire safety risk assessment, dated 9 May 2015. A requirement was made for an action plan with timescales to be submitted to the home's aligned estates inspector, detailing how the recommendations in this assessment will be dealt with.

Fire safety training including fire safety drills were maintained on an up to date basis.

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

### **5.5.9 Complaints**

A review of the record of complaints together with discussions with the registered manager confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

### **Areas for Improvement**

There was one area of improvement identified with these additional areas inspected. This was in relation to fire safety. However the overall assessment of these additional areas examined considered these to be compassionate, safe and effective.



## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Mary Kelly Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) or RQIA's office (non- paperlite) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

Ref: Regulation 27(4)

Stated: First time

To be Completed by:  
9 October 2015

An action plan with timescales must be submitted to the home's aligned estates inspection detailing how the 12 recommendations made in the fire safety risk assessment dated 9 May 2015 will be dealt with.

#### Response by Registered Person(s) Detailing the Actions Taken:

Personal Emergency Evacuation Plans should be in place for all residents: Each resident has a PEEP plan kept in the fire safety file - COMPLETED

All portable electronic appliances should be tested periodically by a qualified electrician: PAT tests are to be completed next year - last done on the 26/03/2014 - MARCH 2016

The Gas tanks outside the Home are no longer used and should be removed from the site: The gas tanks at the side of the property are to be moved from the premises: 30/11/2015

The home should confirm that all upholstered furniture in communal areas complies to 'The Furniture and Furnishings (fire safety) Regulations 1988': All furniture to be treated using Fire Retardant Spray - 30/11/2015

New curtains in bedrooms to be treated to conform to BS 5876 part 2: All curtains to be treated using Fire Retardant Spray - 30/11/2015

A policy should be in place that recommends residents wear sleepwear that conforms to The Nightwear (safety) regulations 1985: A sleepwear policy is now in place -COMPLETED

The Vegetable store door should be kept locked when not in use: Residents use this room on a frequent basis to make tea and coffee for themselves therefore it is not practical to keep this door locked -N/A

The Large sitting room door should not be wedged open: Wedges have been removed from the Home - COMPLETED

The store underneath the stairs should be cleared or a BS 5839 part 1 smoke detector should be placed in here: A smoke detector has been purchased and is to be placed in this store - 30/11/2015

A notice should be displayed adjacent to the fire panel stating the location of the fire alarm zones and the evacuation procedure: This notice is now in place -COMPLETED

	<p>Wooden ceilings are fitted in the kitchen – this should be treated to conform to the Buildings Regulations and BS476 part 7: class 1: Ceilings to be painted in kitchen - 30/11/2015</p> <p>Evacuation Procedure – staff should be trained in the evacuation procedure: All Staff were last trained on the 09/05/15. Fire Drills are carried out twice annually - COMPLETED</p>
--	--

<b>Registered Manager Completing QIP</b>	MARY KELLY	<b>Date Completed</b>	07/10/2015
<b>Registered Person Approving QIP</b>	MARGARET M KELLY	<b>Date Approved</b>	07/10/2015
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	04/11/15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.