



# Unannounced Inspection Report 7 May 2019



## Naroon House

**Type of Service: Residential Care Home**  
**Address: 1 Ballyquillan Road, Crumlin BT29 4DD**  
**Tel No: 028 9445 2204**  
**Inspectors: Kylie Connor and Gavin Doherty**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care and accommodation for up to 12 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individuals:</b> Margaret Kelly Mary Kelly – Registration Pending	<b>Registered Manager and date registered:</b> Mary Kelly 28 August 2015
<b>Person in charge at the time of inspection:</b> Mary Kelly, Registered Manager	<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>Total number of residents in the residential care home on the day of this inspection:</b> 12

### 4.0 Inspection summary

An unannounced inspection took place on 7 May 2019 from 08.00 hours to 15.30 hours.

This inspection was undertaken by the care inspector supported by the estates inspector.

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

Areas for improvement in respect of previous premises inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to recruitment practices, maintenance of the home environment, communication with residents and meals and mealtimes.

Areas requiring improvement were identified in regard to accident and incident recording and staff meetings.

Residents described living in the home as being a good and peaceful experience. Residents not spoken directly with were observed to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and professionals and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

This inspection resulted in two areas for improvement being identified. Findings of the inspection were discussed with Mary Kelly Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 19 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 February 2019. Validation of the areas identified for improvement will be undertaken at the next care inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including premises and medicine management, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas for the weeks of 28 April 2019 and 5 May 2019
- staff training schedule and training records
- one staff recruitment and induction record
- one resident's records of care
- three residents consent records

- minutes of a residents' meeting dated 26 February 2019
- sample of quality assurance questionnaires
- fire safety checks
- fire safety risk assessment dated 4 February 2019
- property records for two residents
- four receipts of purchases made on behalf of residents
- RQIA registration certificate
- RQIA Complaint Poster

Areas for improvements identified at the last care and premises inspections were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last inspection dated 19 February 2019

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

## Staffing Levels

The registered manager outlined current staffing levels in the home and reported that they are adjusted depending on the needs of residents. On the day of inspection, staffing levels were satisfactory and staff spoken with raised no concerns.

There was a warm and friendly rapport between residents, staff and the registered manager. Residents spoken with reported feeling safe, happy and settled living in the home. Discussion with residents confirmed that staff were approachable, treated them with dignity and respect and felt that staff listened and responded appropriately to any requests made.

## **Staff recruitment**

Review of one personnel file confirmed that appropriate pre-employment checks are completed, such as AccessNI and references. Care staff must also be registered with Northern Ireland Social Care Council (NISCC). The registered manager reported that all employed staff are registered or had applied for registration with NISCC and that this was audited. These checks help ensure that only those individuals who are suitable to work with vulnerable people are employed in the home.

## **Staff induction, training, supervision, appraisal and competency**

Discussion with the registered manager and review of the annual training record for August 2018 and the schedule for August 2019 confirmed mandatory training was provided and that all staff attended training delivered in the home. Staff reported that they were aware that their mandatory training must be kept up to date to work in the home.

The registered manager advised that staff learning and development is further supported through the supervision and appraisal process. Discussion with staff and review of two staff personnel files confirmed that supervision and annual appraisal takes place with the registered manager. This contributes to residents' safety, by ensuring only suitably trained and skilled staff are working in the home.

Staff who spoke with the inspector confirmed that their training was up to date and that the training had been helpful and informed their practice.

The registered manager described how she made sure that staff in charge in her absence could safely take charge of the home when she was not on duty. There had been no change in these arrangements since the previous inspection and the registered manager reported that these competency and capability assessments are reviewed every year to ensure that they are current.

## **The home's environment**

Observation of the home confirmed that the home was clean, fresh-smelling and the décor and furniture were well maintained. Residents' bedrooms were individualised and reflected residents' needs and preferences. A number of improvements to the environment had been undertaken including a new kitchen, new flooring in the hall and landing and the latter areas had been repainted.

All fire exits were free from obstruction and no doors were observed to be wedged open.

A hand sanitiser was available at the entrance of the home. The registered manager reported that there had been no outbreaks of infection in the home within the last year; she was aware that any outbreak should be reported to the Public Health Agency, the trust and RQIA and that appropriate records should be retained.

## **Fire safety**

The registered manager advised that the home holds fire safety training, including practice evacuations, twice a year. Review of records confirmed that fire safety training, including practice drills had been undertaken on 10 May 2019 and 10 November 2018.

## Safeguarding and risk management

The registered manager advised that the home has an adult safeguarding policy and procedure in place, which was in line with regional guidelines. Staff receive training on this, and were knowledgeable about the types of abuse, indicators, responding and reporting arrangements. The registered manager was able to describe how residents in the home were protected from abuse or harm. The home had a safeguarding champion and the registered manager was knowledgeable about the need to complete an annual safeguarding position report.

Additional safeguards are in place depending on the individual needs of residents. The home also works with the trust mental health team and multi-professionals. A range of options is utilised and considered to best support residents and consideration of human rights was evident in discussion with the registered manager. The registered manager reported that any restrictions to ensure residents' safety are discussed and agreed in conjunction with residents, relatives and multi-agency professionals, with a corresponding risk assessment and care plan contained in care records.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, staff recruitment, training, supervision and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## Admission, assessment and care planning

Discussion with the registered manager confirmed that a pre-admission assessment and correspondence with families and multi-agency professionals are obtained to ensure that the home can meet the needs of potential residents. In addition, potential residents and their family are encouraged to visit the home as part of the admission process and these processes together ensure the suitability of residents being admitted to the home.

Person centred care plans outlined residents' support needs and preferences including areas such as activities, personal care and end of life. There were arrangements in place to refer residents to dieticians and speech and language therapists as required; guidance and recommendations provided were reflected within the individual resident's care plans and associated risk assessments.

Care plans were regularly updated to ensure they accurately reflected the needs of residents. Care plans were signed with residents and/or their relatives to confirm consent. Discussion with the registered manager and review of one care record confirmed that annual care reviews were completed and minutes retained within care records. Where minutes had not been received in a timely manner, the registered manager advised that the home requests them.

Staff were able to provide examples of how they use their knowledge and understanding of individual residents' needs and preferences to ensure they received appropriate care and support in a timely manner and where supported to make choices. For instance, the registered manager had acted promptly when she noticed a further deterioration in a resident who was waiting on a hospital appointment; the resident was taken to the emergency department.

## **Communication**

Information was communicated to staff through a range of means, including handovers and supervision. However, staff meeting had not been carried out on a quarterly basis and was identified as an area for improvement. Staff reported that there was good communication within the home that supported the effectiveness of care delivery.

There is a range of communication styles used with residents including face to face conversation, residents meetings and observation of non-verbal cues and behaviours. Discussion with staff confirmed that their knowledge of each resident's life story, preferences, needs and lifestyle was important.

Observation of staff and the registered manager's interaction with residents confirmed that there is effective communication. A district nurse commented, "There is good communication. Staff ask us for advice and our opinion. There is a lovely atmosphere here."

Staff reported that there is good team-work.

## **Meals and meal-times**

Discussion with residents and staff confirmed that the quality and variety of the meals provided was very good. Observation of part of the lunch-time meal evidenced that residents ate at their own pace and had individual portion sizes.

Residents commented:

- "If I want a milkshake or any sort of fruit at all I get it. If they don't have it they will go and buy it for me."
- "It's (the food) lovely."

A staff member commented:

- "We change it (the menu) quite often, it's very varied. Sunday lunch was turkey and ham and spaghetti bolognese at tea-time. They (the residents) loved it."

A visiting district nurse commented:

- "It's a lovely home. It's warm and comfortable and the smell of the home cooked food is lovely."



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality and variety of meals and communication between residents, staff and other key stakeholders.

## Areas of improvement

One area for improvement was identified in regard to staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Culture and Ethos of the home

Interactions between staff, residents and a district nurse were relaxed and friendly and there was a pleasant atmosphere within the home. Residents appeared relaxed, happy and at ease with staff; staff listened to residents and responded in a timely manner. A resident reported that he had settled into the home and that his lifestyle had improved since moving into the home. There was evidence through discussion with staff and residents that residents are treated with dignity and respect and that staff are kind, caring and approachable. Discussion with staff and the registered manager evidenced that there was a focus of recognising residents' abilities and supporting their independence.

Residents' wishes, interests and preferences were reflected in care records and known by staff spoken with. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible and person-centred approach.

## Activities

The registered manager described how she supports residents to access nearby community resources including shops and cafes. For instance, residents on an individual basis accompany the registered manager out to buy personal items, visit the hairdresser and choose their own wool to knit; a number of residents attended a local community centre.

Staff and residents spoke about the range of activities available for residents; these included board games, card games, armchair exercises, going out for walks, knitting and gardening. Residents said that they enjoyed a relaxed and peaceful lifestyle and also enjoyed listening to music, reading and watching television.

## Resident involvement

Discussion with staff and a resident confirmed that residents were encouraged to participate in the annual review of their care with their trust keyworker.

Residents choose to attend residents' meetings which gave them the opportunity to discuss any issues and to make suggestions and plans. This was a relaxed forum and was used by staff to gather feedback about the quality of care and services provided in the home, to plan activities and also to share information with residents. In addition, staff and residents reported that the registered manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents. The registered manager reported that findings would be included in the 2018- 2019 annual quality review report which was due to be completed by the end of May 2019. Review of a sample of completed questionnaires and discussion with the registered manager and staff confirmed that action had been taken to address suggestions made, for example, use of more fresh fruit rather than tinned fruit.

A visiting district nurse commented:

- “There is a lovely atmosphere here. They (staff) are all very approachable and friendly.”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager advised that she had employed a staff member to assist with tasks to support management and governance in the home.

The home has applied to RQIA to change from a sole provider to a partnership and to change the names responsible individual; this application is being processed.

Staff and residents were observed to be comfortable and familiar with the registered manager and responsible individual. Discussion with staff confirmed they felt that both the registered manager and the responsible individual were available, approachable and responsive to any issues raised in the home.

A range of policies and procedures was in place to guide and inform staff. Policy and procedures in the home were reviewed and updated as required or on three yearly basis. Inspection of the home's policies including adult safeguarding, health and safety and resident admissions had been updated within the last year.

The registered manager reported that since the last inspection the home had ceased using the accidents and incidents record book and had instead recorded these events only in residents' care records. This was identified as an area for improvement.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. RQIA's complaint poster was available and displayed in the home.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of the returned QIP confirmed that the responsible person responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and staff spoken with were knowledgeable in regard to this. The registered manager verified that staff could access support from management who had an open door approach.

## **Estates Management**

In relation to the management and upkeep of the premises, each area for improvement identified at the last premises inspection (26 June 2014) had been met. No areas for improvement were identified during this inspection.

The following records were reviewed during the premises inspection:

- Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Fire Risk Assessment
- Legionella Risk Assessment
- Inspection and testing report of the Fixed Electrical Installation

A current fire risk assessment for the premises, undertaken on 4 February 2019, was inspected and the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors. The servicing of the fire detection & alarm system, emergency lighting installation and firefighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment had been addressed by the home's manager. Again, the servicing of these systems and the user checks appeared to be being maintained in accordance with current best practice guidance. Current certificates with relation to the premises' mechanical and electrical installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

### Areas of good practice

There have been continued ongoing improvements to the premises since the last premises inspection. Many floor finishes have been replaced throughout the home. A new kitchen has been fitted and new boilers were recently installed and commissioned to provide more efficient heating and hot water to the premises. This ongoing commitment to improvement is to be commended.

### Areas for improvement

The following areas were identified for improvement in relation to recording of accidents and incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Kelly, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2019</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Records are kept that include:- The date of all meetings, the names of those attending, minutes of discussions and any actions agreed.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings will be held 4 times a year; 1 after each fire lecture which is held every 6 months; 1 at our mandatory training held annually each year; and finally 1 with several staff together, at different times on that week which we hold a meeting, as we are a very small team of staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and on-going</p>	<p>The registered person shall ensure that the accident and incident recording book is reinstated.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Our untoward accident and incident file has been updated and reinstated on the 12/05/2019.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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