

Inspection Report

7 September 2021



Naroon House

Type of Service: Residential Care Home
Address: 1 Ballyquillan Road, Crumlin, BT29 4DD
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Naroon House Responsible Individual: Miss Mary Kelly	Registered Manager: Miss Mary Kelly Date registered: 28 August 2015
Person in charge at the time of inspection: Miss Mary Kelly	Number of registered places: 12
Categories of care: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides 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 7 September 2021, from 9.30 am to 4 pm by a care inspector.

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

Areas for improvement identified on the last inspection were reviewed resulting in two areas being assessed as met and one being assessed as not met and is therefore stated for a second time.

Four new areas for improvement were identified in relation to fire safety, staff training, staff induction records, and Northern Ireland Social Care Council (NISCC) registration checks.

Residents looked well care for in that they were nicely dressed, personal care was attended to, and residents looked comfortable and relaxed in their surroundings. Residents spoke positively about life in Naroon House and were seen to have their needs met. Some residents took great interest in the inspection process and enjoyed showing us around the home and talking about their routines and how staff were on hand when needed.

Staff were seen to attend to residents needs in a timely manner and to provide a homely and welcoming atmosphere. It was evident that staff promoted resident wellbeing and dignity.

The home was clean, decorated and furnished to a good standard, bright, warm and welcoming.

RQIA were assured that the delivery of care and service provided in Naroon House was safe, effective, and 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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 and 'Tell Us' cards 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.

4.0 What people told us about the service

During the inspection six residents, two relatives, two staff and one professional visitor were spoken with. No questionnaires or survey responses were received within the allocated timeframe.

Residents told us that they were well looked after and described the staff as “helpful”, “friendly”, and “the very best”. One resident said “staff do anything for you day or night no matter the time...they greet you with a smile....nothing is too much trouble”.

Residents knew the manager by name and told us how they were able to occupy their time as they wished. One resident described a sense of belonging and feeling like they were with family.

Residents said that they enjoyed the food and explained how they can make suggestions about meals to have on the menu. One resident talked about putting on weight since moving to Naroon House and described the food and service as “first class”.

Residents took delight in talking about or showing us their bedrooms and told us about items of personal importance. One resident talked with pride about picking the colour scheme of their bedroom and matching furniture and said that they were happy to be able to express themselves through the décor and collections of items in their bedroom.

Residents confirmed that they could avail of visits from family or friends either indoors or in the newly landscaped garden area.

Relatives said that they were “more than happy” with the care and services provided and confirmed that they were kept informed through regular contact from the manager. Relatives said that the staff were “great” and that their relative “loves it here”.

The visiting professional informed us that they were part of a service that visits the home twice daily and said that they had no concerns about the home, describing Naroon House as “a lovely place...very homely”, and said that the staff were always helpful.

Staff said that they enjoyed working in the home, with one describing feeling “excited about things we plan to do each day”. Staff told us that resident well-being was their priority and that there was good communication between the team and management through regular meetings or a WhatsApp group.

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 21 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: Second time	The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with all residents' personal possessions records having been updated.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with records showing that meetings took place in March and August 2021, and the manager confirmed that meetings would take place every three months going forward.	

Area for improvement 2 Ref: Standard 24.2 and 24.5 Stated: First time	The registered person shall ensure that suitable arrangements are put in place to provide staff with the following: <ul style="list-style-type: none"> • a recorded, individual formal supervision no less than every six months • a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. 	Not Met
	Action taken as confirmed during the inspection: Formal supervision and annual appraisals had not taken place for 2021. This area for improvement will be stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records showed that systems were in place to ensure staff were recruited correctly to protect residents as far as possible.

Services are required to ensure that relevant staff are registered with the Northern Ireland Social Care Council (NISCC), or are supported with this process if new to care. Governance records cross referenced with the duty rota indicated that a number of staff were not being monitored to ensure professional registration. Discussion with the manager and staff confirmed that one employee needed to update their place of work with NISCC and that other staff new to care were at different stages of the application process. The manager confirmed that they check the register every four months and records showed that the most recently employed staff had not been added to the manager's tracker for checking. An area for improvement was identified.

All staff should be provided with an induction programme relevant to their role and department and to prepare them for working with residents. Discussion with a member of staff who commenced work in Naron House within this last year confirmed that an induction period had been completed. The staff member described the induction as "great" and told us that they felt supported and were allowed adequate time for this process. Review of recruitment files for more recently employed staff did not contain any records of induction. This was discussed with the manager who informed RQIA that they were in the process of reviewing their induction booklet and therefore had none currently in use. An area for improvement was identified.

The manager explained that staff training had been impacted by the ongoing COVID-19 pandemic, in that no training had taken place since 2019. The manager explained that the previous approach to training had been to run training days where staff would take part in face to face sessions with external trainers. No online resources or regional training sessions had

been sought. The exploration of alternative approaches to training was discussed and the manager said that they were considering implementing an eLearning system so that staff could keep their theory of relevant topics up to date. Nonetheless, the delay in implementing alternative arrangements resulted in staff being overdue in relevant courses and an area for improvement was identified.

Governance records showed that staffs' formal supervisions and annual appraisals had not taken place since the last inspection. This area for improvement has been stated for a second time.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and a senior care assistant (SCA) would assume charge of the home in the absence of the manager. SCA staff confirmed that they were supported by the manager who was on call and available to them when not in the home.

It was observed that there was enough staff in the home to meet the needs of the residents. Staff told us that they had no concerns with regards to staffing arrangements or being able to care for the residents.

Discussion with staff and review of records confirmed that there was good communication between the team and management. Staff meetings had taken place during the year and records showed who attended and what was discussed. Minutes from meetings were available for any staff unable to attend on the day.

Residents told us that they were very happy with the staff and staffing arrangements. Residents said that staff were on hand when they needed something and that they were helpful and friendly during interactions. Several residents said that "nothing is too much trouble" when it comes to requesting staff assistance and there was evidence of warm working relationships with residents saying staff "greet you with a smile...no matter the time", and one resident described feeling at home and that staff were "like family".

Relatives described the care as "first class" and said that staff were "great". A visiting professional said that staff were very helpful and that they created a "lovely homely" atmosphere.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents' and to plan out any tasks or activities for that day. Staff confirmed the importance of good communication, with one staff member explaining that if they have been off for a few days in a row or on holiday they could easily get up to date with guidance through the WhatsApp group, diary, or meeting minutes.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual resident routines and preferences. Staff were seen to be polite and respectful during interactions, for example knocking on a bedroom door before entering. Staff were seen to provide choices throughout the day and to encourage residents to make their own choices, such as what to wear or what activity they wished to do.

Residents' needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. It was positive to see that all residents had a "this is me" book completed which informed staff further on each resident's social history, values and beliefs, and included the people and things that were important to each resident. Care records were enhanced further to include a daily routine profile for each resident which gave a good picture of that person's likes, dislikes, and habits, and again informed staff about how they could best assist each resident in daily life.

Some residents who are assessed as not having capacity to make certain decisions in maintaining their own safety or welfare may require measures that would be considered a deprivation of liberty, such as being restricted from leaving the home without supervision. A review of records showed that Deprivation of Liberty Safeguards (DoLS) were in place where required. It was good to note that best interest considerations were documented in care records and where appropriate the resident and/or next of kin were involved in discussions or giving consent, for example consent to be checked at night when asleep.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunch time sitting was observed. It was noted that meals for that day were displayed on a notice board and there was only one option for main meal. On discussion with residents they informed RQIA that they have input into what meals are made and that their suggestions for meals are then made. This was discussed with the manager who confirmed that they often consult with residents before deciding on what meals to make and that was why there is one choice per sitting. No records of consultation were maintained and the manager agreed to document any consultation with residents going forward. This will be reviewed at the next inspection.

The food looked and smelled appetising and the portion sizes were generous. Residents said that if they did not like what was on offer they would say to staff. Residents said of the food, "it's lovely", "if you don't try this food you don't know what you're missing...I've put weight on", and "they make my favourite spaghetti for me".

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits or communications with any healthcare professionals was recorded and resident records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included all residents' bedrooms, communal lounges and dining room, communal bathrooms, storage areas, and the garden. The home was found to be clean, warm, bright, well ventilated, and free from malodours.

The home's décor was well maintained and furnishings were in good condition and adequate for the number of residents and staff in the home. Corridors were clean and free from inappropriate storage or clutter. Fire exits and the stairwell were free from obstruction. It was noted that two internal fire doors located in resident communal areas were wedged open. An area for improvement was identified.

The most recent fire risk assessment was undertaken on 12 March 2021 and no recommendations were made at that time.

The linen store was clean and organised. Communal shower rooms and toilets were clean and accessible. Communal lounges were clean and welcoming, with homely touches such as framed pictures, cushions, and ornaments.

The external grounds had recently been redeveloped with new landscaping, stones, ornamental pieces, and furniture. Residents were seen to enjoy visits in the new garden area during the inspection.

Residents' bedrooms were clean and very well personalised with items of importance to each resident. Some residents gave tours of their rooms and told us how they chose the décor and furnishings.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked on arrival.

Visits taking place during the inspection took place outside at the request of relatives and residents as the weather was good. Arrangements were in place to facilitate indoor visiting if required or preferred.

Staff were seen to practice hand hygiene at key moments and to use Personal Protective Equipment (PPE) appropriately. Staff confirmed that they had adequate supply of PPE and cleaning materials.

Staff spoke about the importance of maintaining a clean environment and said they had time each day to ensure standards were met. Staff took pride in being able to return laundry items to residents within 24 hours.

Residents said that they were happy with the level of cleanliness in the home and with the communal and personal spaces.

5.2.4 Quality of Life for Residents

Discussion with residents and observations on the day confirmed that they were comfortable and content living in Naron House and that they exercised their rights to have choice and say in their care and daily routine.

The atmosphere in the home was relaxed, social and welcoming and staff and residents were seen to engage in warm and friendly conversations. Staff displayed awareness of residents' preferences and were seen to check on residents often.

There was no set activities planner and staff explained that they decide on activities each day through discussions with residents. Staff were seen to plan walks and nail painting with residents.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of current Department of Health (DoH) guidance. Residents said that they could avail of indoor visiting and visits were seen to take place during the inspection.

Staff conveyed how they saw resident wellbeing and satisfaction as their primary goal and told us that they enjoyed planning activities with residents and got excited about coming to work.

Residents told us about how they liked to spend their day, from favourite television shows, to writing sessions, or going for walks with staff and getting some exercise. Residents said that they were “very happy”, with one resident saying “its first class...everything the food the staff...I couldn't recommend it highly enough...I know people on the waiting list for places here”. One resident said simply that they were happy to be living in the countryside and be able to have a smoke.

A relative said that they were “more than happy” with the care and services and even said that they felt their relative living in Naroon House was “spoilt rotten” by the staff.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home is at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about resident care, staffs' practice or the environment.

There had been no changes to the management of the home since the last inspection with Ms Mary Kelly being the registered manager since 2015.

Governance records showed that systems were in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had systems in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to next of kin, Trust key worker, and if required RQIA.

A complaints policy was in place and while records showed that no recent complaints were received, the manager confirmed that all expressions of dissatisfaction would be managed appropriately.

Residents spoke positively about the management of the home and knew the manager by name.

Staff said that the manager was very approachable and that they would feel comfortable raising concerns and had confidence that concerns would be managed appropriately.

6.0 Conclusion

Residents looked well cared for in that they were well dressed, attention had been paid to personal care, and they looked relaxed in their surroundings. Residents expressed how they felt at home and were seen to move freely around the home and partake in activities as they wished.

Residents told us that they were happy with the care and services provided and that staff were on hand when they needed and polite and friendly during interactions. Residents also said that they were happy with the food on offer and with the environment. Residents were seen to avail of visits from family during the inspection.

Staff told us that they were happy working in Naron House and expressed that resident wellbeing and happiness was their main priority. Staff were seen to provide a prompt response to residents needs and to enjoy social chats and activities with residents. This along with the décor of the home added to the warm and welcoming atmosphere.

One area for improvement relating to formal supervision and annual appraisal for staff was reviewed and not met. This area has been stated for a second time.

Areas for improvement were identified in relation to NISCC registration records, misuse of internal fire doors, staff training, and staff inductions. Action taken in these areas will further enhance resident experience and staff knowledge and practice.

RQIA were assured that the service and care provided in Naron House was safe, effective and delivered with compassion, and that the service is well managed.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	2	3*

* The total number of areas for improvement includes one under standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Kelly, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (c) (ii) Stated: First time To be completed by: 29 October 2021	<p>The registered person shall ensure that there is a robust system in place for monitoring staffs' registration status with NISCC. This includes more regular monitoring and that newly employed staff are immediately added to the NISCC tracker record.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A new NISCC staff format has been developed and will be checked more regularly and all newly employed staff are in the process of being registered with the NISCC.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the practice of wedging internal fire doors open ceases.</p> <p>Any fire doors that are required to be open at times should be fitted with the appropriate automatic door mechanism.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Two new automatic door mechanisms have been purchased for the two doors and have been fitted.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 24.2 and 24.5 Stated: Second time To be completed by: 17 December 2021	<p>The registered person shall ensure that suitable arrangements are put in place to provide staff with the following:</p> <ul style="list-style-type: none"> • a recorded, individual formal supervision no less than every six months • a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. <p>Ref: 5.1 and 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Recorded formal supervisions and annual appraisals are being carried out in November 2021.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23 Criteria 6</p> <p>Stated: First time</p> <p>To be completed by: 8 October 2021</p>	<p>The registered person shall ensure that all staff have a record of induction to their role on file.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All new staff now have a record of their induction training in their file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23 Criteria 3, 4, 6 and 7</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2021 and going forward</p>	<p>The registered person shall ensure that all staff are provided with training relevant to their roles and records are maintained.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: We are going with an online training company. This is commencing on Wednesday 24th November 2021.</p>

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