



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Naroon House

Establishment ID No: 1330

Date of Inspection: 10 June 2014

Inspector's Name: John McAuley

Inspection No: 17536

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Naroon House Private Residential Home
Address:	1 Ballyquillan Road Crumlin Co Antrim BT29 4DD
Telephone Number:	(028) 9445 2204
E mail Address:	N/A
Registered Organisation/ Registered Provider:	Mrs M Kelly
Registered Manager:	Mrs M Kelly
Person in Charge of the home at the time of Inspection:	Miss Mary Kelly Deputy Manager
Categories of Care:	I – Old age not falling within any other category LD & LD(E) – Learning Disability under and over 65 years MP & MP(E) – Mental Disorder excluding Learning Disability or Dementia under and over 65 years
Number of Registered Places:	12
Number of Residents Accommodated on Day of Inspection:	10
Scale of Charges (per week):	£462.00
Date and type of previous inspection:	Secondary unannounced inspection 16 January 2014
Date and time of inspection:	10 June 2014 10am – 3pm
Name of Inspector:	John McAuley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators, and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	10
Staff	4
Relatives	1
Visiting Professionals	1

Questionnaires were provided to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	None were returned in time for comment in this report.

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Summary of Inspection

This inspection to Naroon House was a primary announced inspection, carried out by John McAuley an inspector from RQIA on 10 June 2014 from 10.00am to 3.00pm. This summary reports on the position of the home at the time of this inspection.

On arrival to the home the inspector was met by the Deputy Manager Miss Mary Kelly and the Senior Care Assistant Miss Linzi Tweedy Rogers, who were both readily available for discussion and clarification throughout, including verbal feedback of inspection findings at the conclusion.

The previous inspection to the home was a secondary unannounced inspection on 16 January 2014. A review of the quality improvement plan from that inspection found that the seven requirements and four recommendations made have all been addressed satisfactorily. This is to be commended.

Prior to the inspection, the home's management completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one visiting relative and one visiting professional to discuss the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practices, issued ten staff questionnaires, examined a selection of records and carried out a general inspection of the care home environment.

Standards Inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to Residents' Behaviour – Standard 10

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which was considered basic in terms of detail with challenging behaviour and had no reference to Human Rights Legislation or the implications of same. A recommendation has been made for this to be revised accordingly. . Observations made, review of documentation and discussion with residents and staff confirmed that restraint is not used in the home. A review of three residents' care records outlined their usual conduct, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they have a knowledge and understanding of individual residents conduct, behaviours and means of communication and confirmed that they have received training in challenging behaviour.

Given the specific categories of care accommodated in the home a recommendation has been made for a training and development plan to be devised and put in place for staff with specific reference to mental health needs. Staff are aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The deputy manager is aware of their responsibilities in relation to referral to the multi-disciplinary team as necessary. A review of the accident/incident records identified that they had been completed appropriately. Evidence was in place that residents and, as appropriate, their representatives have been included in any decisions regarding their care, interventions and review. The evidence gathered through the inspection process concluded that home is overall substantially compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Observations made, review of documentation and discussion with residents and staff confirmed that a programme of activities and events based on the assessed needs and social interests of the residents is being provided. Residents and staff confirmed during discussion that residents benefited from and enjoyed the activities and events provided. The programme of activities was appropriately displayed and identified that activities are provided throughout the course of the week and are deemed to be age and culturally appropriate. The duration of activities is tailored to meet individual resident's needs and abilities, took into account residents' spiritual needs and facilitated inclusion in community based events. The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

Stakeholder consultation

During the course of the inspection the inspector met with residents, one visiting relative, one visiting professional and members of staff on duty. Ten questionnaires were distributed to staff at the time of inspection. Feedback from these questionnaires will follow after this report, if any concerns arise from same.

Discussions with residents indicated that that they were happy and content with their life in the home, the provision of care, and their relationship with staff.

The visiting relatives were duly complimentary in their views and opinions of the home, as was the visiting professional.

Discussions with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from these stakeholders are detailed in the additional areas examined part of this report.

Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were carried out in an organised unhurried manner. Staff interactions with residents were observed to be pleasant, friendly, warm and supportive.

Residents were found to be comfortable and content in their environment and interactions with staff. An appetising, well-presented dinner meal was provided for in a nicely appointed dining room, which residents commented favourably on.

Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the home and viewed a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

The inspector would like to acknowledge the level of support and assistance received through this inspection from residents, staff and management.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	19 (2) Schedule 4 (7)	<p>The registered person shall maintain in the home the records specified in Schedule 4:</p> <ul style="list-style-type: none"> – A copy of the duty roster of persons working at the home, and a record of whether the roster was actually worked. <p>Reference to this is made with the fact that the manager and deputy manager's hours were not recorded in the duty rota and need to be recorded and maintained, both on a planned and actual worked basis.</p>	<p>A review of the duty rota confirmed that the manager and deputy manager's hours of duty were recorded appropriately.</p>	<p>Compliant</p>
2.	15 (2) (a)	<p>The registered person shall ensure that the assessment of the resident's needs is: -</p> <p>(a) Kept under review</p> <p>Reference to this is made in that residents must have a comprehensive, holistic assessment of needs in place.</p>	<p>A review of three residents' care records confirmed there was a comprehensive, holistic assessment in place.</p>	<p>Compliant</p>
3.	16 (1)	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or</p>	<p>A review of three residents' care records confirmed that care plans were in place, based on the up to date assessment of needs. These care plans</p>	<p>Compliant</p>

		<p>resident’s representative as to how the resident’s needs in respect of his care, health and welfare are to be met.</p> <p>Reference to this is made in that care plans must be based on an up to date assessment of residents’ needs, with clear details of prescribed interventions, particularly in relation to mental health needs.</p>	<p>contained clear details of prescribed interventions, including mental health needs.</p>	
4.	6 (2) (b)	<p>The registered person shall ensure that: –</p> <p>(b) The resident’s care plan is kept under review</p> <p>Reference to this is made in that resident’s care plans needed more timely review particularly with acute mental health needs.</p>	<p>A review of three residents, care records confirmed that these were reviewed on a timely manner.</p>	Compliant
5.	19 (1) (a) Schedule 3 (3) k	<p>The registered person shall Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident:</p> <p>(k) a contemporaneous note of all care and services provided to the resident, including a record of his condition and any treatment or other</p>	<p>A review of the progress records of residents confirmed that these have been reviewed to clearly account for issues of assessed need, with treatment / care given and effect of same.</p>	Compliant

		<p>intervention.</p> <p>Reference to this is made with residents' progress records with use of words such as "unsettled" or "agitated". These terms need to be clearly defined, particularly how the behaviour was manifested, and then what treatment / care was prescribed and what was the effect of same.</p>		
<p>6.</p>	<p>30 (1) (c), (d) and (f)</p>	<p>The registered person shall give notice to the RQIA without delay of the occurrence of: –</p> <p>(c) any serious injury to a resident in the home</p> <p>(d) Any event in the home which adversely affects the care, health, welfare or safety of any resident</p> <p>(f) Any accident in the home</p> <p>Reference to this is made in that incident events in the home were not being duly followed, and need to be in accordance.</p> <p>All accidents in the home must also be recorded in the home's accident record book, with details indicating clearly who was notified of the event, such as the RQIA and / or</p>	<p>A review of the home's accident / incident records together with discussions with the deputy manager confirmed that these reports were maintained appropriately.</p>	<p>Compliant</p>

		the resident's aligned care manager.		
7.	18 (2) (m)	<p>The registered person shall having regard to the size of the home and the number and needs of residents.</p> <p>(m) consults residents about their social interests, and make arrangements to enable them to engage in local, social and community activities and to visit, or maintain contact or communicate with their families and friends.</p> <p>Reference to this is made with regard to ensuring residents have an assessment of social care needs put in place with a subsequent care plan with aligned activity programme.</p>	A review of three residents' care records confirmed that an assessment of social care needs was in place, with a subsequent care plan for same.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.3	<p>There is a competent and capable person in charge of the home at all times.</p> <p>Reference to this made in that evidence needs to be put in place by signature that the staff member(s) concerned received this assessment.</p>	<p>A review of the competency and capability assessments confirmed that these have been signed accordingly by the staff member.</p>	Compliant
2.	25.4	<p>Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.</p> <p>Reference to this is made in that the home's duty rota must clearly distinguish hours worked between different grades of staff and must not be recorded on the basis of mixed duties.</p>	<p>A review of the duty rota confirmed that care staffing hours and ancillary hours were clearly distinguished.</p>	Compliant
3	11.1	<p>The home participates in review meetings by the referring trust responsible for the resident's placement in the home.</p> <p>Reference to this is made in that the home should devise a list of dates of all care reviews and liaise with the trust if a review is due or needed sooner.</p>	<p>A list have been put in place of when care reviews takes place and a review of three residents' care records confirmed that reviews were up to date.</p>	Compliant

4.	20.10	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Reference to this is in that the registered manager should sign and date all accident / incident reports on a regular and up to date basis as reviewed / inspected.</p>	<p>A review of the accident / incident reports confirmed that these were signed accordingly.</p>	<p>Compliant</p>
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STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p>	
Provider’s Self-Assessment	
<p>Naroon House Private Residential Care Home has in place a challenging behaviour policy and critical incident procedure which encompasses how behaviours that challenge may be displayed and who may be subject to them. Our Critical Incident procedure sets out a step-by-step guide to responding to reports and assessing whether it is a low, moderate or serious incidents and what steps to take in response to this.</p> <p>Each Resident has in place a person-centred care plan which has been completed in partnership with the Residents, family (as appropriate), key worker and others involved in the residents care - i.e. Psychiatrist, Social Worker, CPN, GP. Each care plan has within them an Emergency Management Plan which stipulates the steps to take in the event of an physical health or mental health emergency. In addition, each care plan addresses any behaviours that challenge that may have been displayed previously, triggers to watch out for, and how to respond appropriately to these behaviours with the emphasis being on a positive outcome for the resident.</p> <p>All Staff have knowledge of each residents daily routine, life history and usual conduct/behaviours. Staff are trained the in following area: Challenging behaviour</p>	<p>Compliant</p>
Inspection Findings:	
<p>The home has a policy and procedure on responding to residents’ behaviours. Staff have also received training in this.</p> <p>A review of this policy and procedure found this to be limited in terms of detail and had no reference to Human Rights Legislation and implications. A recommendation has been made for this policy and procedure to be revised accordingly.</p> <p>Discussions with two care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff</p>	<p>Substantially compliant</p>

<p>also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of three residents’ care records reviewed on this occasion.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Any change in a residents behaviour is recorded within the residents progress reports and care plan and the information is reported to the manager who will, if necessary, pass this information onto the residents Key Worker, Social worker or CPN. Staff and management of Naroon House laise closely with each residents CPN, GP, Social Worker and Mental Health Team to ensure a behaviours are continually monitored and assessed.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of three residents’ care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The consistent approach to be taken to meet a residents needs is always recorded in the care plan. Staff ensure they work in partnership with each resident to ensure they are aware of how we will meet their needs. This is done by involving the resident in the development of their care plan and also by sharing information verbally. All staff are aware of the consistent approach to be taken with each resident as it is documented in each of their care plan. When appropriate, the resident's Next of Kin is informed of the consistent approach to be taken in responding to resident's behaviour.	Substantially compliant
Inspection Findings:	
A review of three residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.	Compliant

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Currently, this is not applicable to residents at Naron House as none of our residents have a specific behaviour management programme. At least annually, behaviour risk assessments and needs assessments are carried out and reviewed to ensure any specific behaviours that may cause concern are being addressed.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with the deputy manager would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.</p>	<p>Compliant</p>
<p style="text-align: center;">STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</p>	
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Not Applicable - as above.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.</p> <p>However a recommendation has been made for a training and development plan to be devised and put in place specifically to address mental health needs and care. Advice was given in respect of same.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>When any critical incident occurs it is documented in the incident report book and RQIA are notified via the 1A Form immediately. In addition, the residents Key worker/Socail Worker/CPN will be notified and asked to complete a review. Further to this, the residents care plan will be updated in a comprehensive and objective manner.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of accident and incident records from February 2014 to date of inspection evidenced that notification was made as appropriate, to the resident’s representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with deputy manager evidenced that where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment At Naroon House, we do not use any form of restraint. However, we do have in place a restraints policy which staff are aware of and fully understand.	Not applicable
Inspection Findings: The home has a policy and procedure on restraint. Discussions with the deputy manager and staff confirmed that there are no aspects of restraint used in the home and were aware of the issues surrounding governance of same.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
<p>There is a policy and procedure in place regarding the planning and recording of the programme of activities and events.</p> <p>The programme of activities is based on each Resident's assessed needs through the use of assessments including 'Needs Assessment', 'Helping us get to know you' and 'This is me' in addition to discussion with each Resident, their family and friends. These interests and needs are further recorded in Care Plans.</p> <p>Each care plans states each residents Hobbies and Interests and their views in partaking in organised Home activities.</p> <p>We have in place our Statement of Purpose which provides a comprehensive overview of activity provision and outlines how some of the activities provided are tailored to meet the specific needs of our residents.</p>	Compliant
Inspection Findings:	
<p>The home has and a policy and procedure on the provision of activities. A review of three residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.</p>	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>We have a policy on Photographic Imaging, consent and confidentiality to ensure we comply with the Data Protection Act, 1988 and provide residents with Choice and maintain Dignity. Each resident is asked to read the 'Policy' and then sign a consent form which is kept in each residents file. Each month a residents meeting is held to obtain feedback regarding the activities programme in addition to other matters. All feedback is taken on board and we have a deadline of one month to make amendments to our programme. In addition, staff continually ask for residents opinions and annually ask them to complete a Quality Assurance Questionnaire.</p> <p>Residents needs are constantly being assessed. One area of focus is spiritual needs which is assessed in the 'Needs Assessment' form, 'Helping us get to know you' form and 'This is me' form. These needs are addressed in the residents care plan and action is taken to ensure these needs are met. Residents are provided with assistance to attend Church/Mass weekly as well as attending prayer meetings throughout the week. The Home is also visited by the Priest on the 1st Monday of every month in addition to Holy Communion being offered by the visiting Eucharistic minister every Sunday.</p> <p>We aim to ensure our residents to play an active role in the community and encourage them to take part in activities organised by the community, such as the monthly Tea Dance in the local football club. In addition, we promote participation in Trust organised activities and one resident attends Wood Work sessions.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Each month a resident meeting is held in which the activity programme is discussed. Feedback is sought regarding the current programme and opinions are sought with regards to improvements. This is all recorded in the Resident's Monthly Meeting Minutes. Any improvements suggested are implemented with a month. In addition to the monthly meeting, staff often speak to residents individually to ensure they are being offered the activities they enjoy and how we can tailor activities to meet their needs. For example, one resident has stated they would like to visit Antrim Lough to feed the swans and ducks which we have organised and provided transport for. When completing the residents needs assessment form we ask about their views regarding participation in activities and group activities. This is then noted on the form. For those residents stating they are not willing to participate, we always respect their right and choices. When an activity is taking place we ensure they are asked whether they wish to join in with an aim of preventing social isolation, but respect their right to spend time alone. Often these residents spend time reading/knitting/watching tv in their room.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussion with one resident who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Residents are always consulted about the programme of activities through Monthly Residents Meetings. Residents have suggested that the most convenient place to display the programme of activities is in the Lounge, for which we have created an activities board stating the daily activities taking place and at what time they are to commence – This activity board displays activities for that week.</p> <p>In addition to the activities board which contains written information, a picture board is also located in the Dining Room which displays the activities for that day in pictorial format – This board displays monthly activities.</p> <p>Further information is provided to residents through the use of the activities programme leaflet which is produced monthly and lists all the activities for the month ahead.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>On the day of the inspection the programme of activities was on display in communal areas throughout the home and in residents' bedrooms. Discussion with two residents at the time of this inspection confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
We are a range of resources available to ensure our residents needs and abilities are tailored too. This ranges from resources to improve cognitive ability to improve physical fitness levels. Sensory needs are always taken into account and we ensure we have a range of activities suited to the individuals needs such as relaxation and massage therapy to ease those residents who may be suffering from pain. We have more active activities such as Nintendo Wii Sports which encourages residents to improve their physical agility and brain training which aims to improve cognitive ability. Activities in the Home take place in a range of areas. We utilise several areas depending on the activities taking place – this includes both outdoor and indoor areas such as the residents lounge, corridors, dining room for arts and crafts and the gardens. Staff discuss activities during staff meetings with a summary of how effective the activities are and what we can do to improve. Staff are asked to ensure they fully understand the policies regarding activities and the importance of providing this service to our residents – activities improve quality of life. Funding is provided by the Home for resources. Outings are paid for by the individual residents to cover transport, meals etc	Compliant
Inspection Findings:	
The home designates member of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Activities are arranged to cater for all residents needs and abilities. Daily activity sessions are organised with residents capabilities in mind, to cater for those that are less active, activities such as pampering, quizzes, music therapy etc are organised and for those that are more active activities such as outings, walks, games, baking and arts and crafts are incorporated into the programme. This ensures we provide a wide range of activities to attempt to meet the needs of all our residents.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There are currently no people contracted in to provide activities to residents.	Compliant
Inspection Findings:	
The deputy manager confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
We currently do not have anyone contracted in to provide activities.	Compliant
Inspection Findings:	
In discussion with the deputy manager, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
We have a daily recording system in place to record all activities organised by the Home, which Residents have participated and who is leading the activity	Compliant
Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity programme is reviewed on a monthly basis during the Residents Monthly Meeting. We discuss the range of activities offered and how well the residents did/did not enjoy particular activities and what we can do to improve. We have a one month deadline for improvement. In addition, the use of annual quality assurance questionnaires is used to gather feedback from both residents and representatives.	Compliant
Inspection Findings:	
A review of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

"I am doing well here"

"They are all good to me"

"I love it here"

"This is a good place to live"

"The meals are lovely"

No concerns were expressed or indicated.

Relatives / representative views

The inspector met with one visiting relative at the time of this inspection. This relative expressed praise and gratitude for the provision of care, the kindness and support received from staff and the overall homely environment.

No concerns were expressed.

Visiting professionals' views

The inspector met with a visiting professional at the time of this inspection. This professional had good knowledge of the home and made visits there on a regular basis. Feedback was very positive in respect of the provision of care, his / her relationship with staff and management and the overall homely atmosphere provided for.

No concerns were expressed.

Visits by the Registered Provider

A review of a sample of the last two records of visits by the registered provider was examined on this occasion. These were found to be maintained in a detailed, informative manner with good evidence of appropriate governance arrangements in place.

Complaints

A review of the home's record of complaints together with discussions with the deputy manager confirmed evidence that expressions of complaint are taken serious and are managed appropriately.

Staff Questionnaires /staff views

Ten staff questionnaires were issued for distribution at the time of this inspection. None were returned in time for inclusion comment in this report.

The inspector also met with three members of staff of various grades, other than the deputy manager, on duty at the time of this inspection. Staff spoke positively about their roles and duties, the teamwork, managerial support and provision of training. Staff also informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

Environment

The home was found to be clean and tidy. A new corridor carpet and paintwork had recently been completed with good effect. Other furnishings and décor were of a reasonable standard with plans reported to be in place to upgrade an upstairs bathroom.

Fire Safety

A review of staff training records confirmed that fire safety training for staff was maintained on an up to date basis.

Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were carried out in an organised unhurried manner. Staff interactions with residents were observed to be pleasant, friendly, warm and supportive.

Residents were found to be comfortable and content in their environment and interactions with staff. An appetising, well-presented dinner meal was provided for in a nicely appointed dining room, which residents commented favourably on.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Mary Kelly and Miss Linzi Tweedy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

John McAuley
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Naroon House

10 June 2014

ION AND QUALITY

02 AUG 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with (the Deputy Manager Miss Mary Kelly) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	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 positive 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 detail, and include the implication of the Human Rights legislation in respect of same.</p>	One	<p>We are expanding our policy and procedure on challenging behaviour to make it more informative and it will include Human Rights Legislation.</p>	10 September 2014
2.	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>	One	<p>One of our Senior staff who is finishing her Mental health degree will undertake to give all our staff training in mental health needs.</p>	10 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Margaret H Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Margaret H Kelly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	[Signature]	18/9/14
Further information requested from provider			