

# Inspection Report

13 October 2022



## Naroon House

Type of service: Residential Care Home  
Address: 1 Ballyquillan Road, Crumlin, BT28 4DD  
Telephone number: 028 9445 2204

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individual:</b> Miss Mary Kelly	<b>Registered Manager:</b> Miss Mary Kelly  <b>Date registered:</b> 28 August 2015
<b>Person in charge at the time of inspection:</b> Insert name	<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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential home which provides health and 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 13 October 2022 from 11 am to 1.40 pm by two care inspectors.

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

The home was clean with a welcoming and relaxed atmosphere. Residents looked comfortable in their surroundings and were seen to move freely around the home while doing their morning routines.

Residents and staff expressed positive opinions about living and working in Naroon House. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas for improvement were identified in relation to pre-admission procedures and records, and individual resident risk assessment records. Areas for improvement identified at the previous care inspection were reviewed and assessed as met.

RQIA were assured that the delivery of care and services was provided in a compassionate manner and staff had a good understanding of residents' preferences and routines.

Addressing the areas for improvement will further enhance the quality of care and services in Naroon House.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Seven questionnaires were completed by residents and returned to RQIA within the allocated timeframe. No questionnaires were received from relatives and no staff survey responses were received. Some staff feedback was obtained during the inspection.

Residents spoke in positive terms about living in Naroon House, saying that they were "happy" and "well cared for." Residents told us that their "physical and psychological needs" were met and that they "wouldn't want to go anywhere else." One resident described the home as "by far the best I have been in."

Staff told us that they felt supported in their roles and that they received adequate induction and training.

## 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 19 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (c) (ii)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> Second time	The registered person shall ensure that the practice of wedging internal fire doors open ceases.  Any fire doors that are required to be open at times should be fitted with the appropriate automatic door mechanism	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 21 (1) (b) (c)  <b>Stated:</b> First time	The registered person shall ensure that the management of recruitment is robust; that full employment history is obtained, that satisfactory written explanations of gaps in employment are maintained, and that relevant references are sought.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time	The registered person shall ensure that a safeguarding champion is appointed, trained to the required level, and that all staff are made aware of this role  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 23 Criteria 6 <b>Stated:</b> Second time	The registered person shall ensure that all staff have a record of induction to their role on file.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 23 Criteria 3, 4, 6 and 7 <b>Stated:</b> Second time (Do not restate, this remains the same as before carrying forward)	The registered person shall ensure that all staff are provided with training relevant to their roles and records are maintained  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 Criteria 2 and 4 <b>Stated:</b> First time (Do not restate, this remains the same as before carrying forward)	The registered person shall ensure that records are maintained of how residents are involved in the planning of menus and that daily menus are on display and reflective of the meals planned for that day.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 1 Criteria 5 and 6  <b>Stated:</b> First time (Do not restate, this remains the same as before carrying forward)	The registered person shall ensure that residents' views and opinions on the running of the home are obtained and that a record is maintained along with any actions taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A recruitment system was in place and it was evident that all pre-employment checks were completed prior to anyone starting work in the home to ensure staff were recruited correctly to protect residents.

Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). Staff that were new to care were supported to completed the registration application process to NISCC in a timely manner.

Records showed that staff were provided with a comprehensive induction to their role and discussion with staff confirmed this.

There was a new eLearning system in place to support staff with essential training. The Manager had oversight of staffs' compliance with essential courses. It was positive to note that additional course topics relevant to their roles were available to staff as well as those courses assigned as essential or mandatory. Staff said that they valued the eLearning system and felt that there was a good range of topics to help them deliver effective care.

As well as the eLearning format, some training was delivered face to face. Discussion with staff and the Manager confirmed that they had recently completed practical fire safety and evacuation sessions, and upcoming sessions included moving and handling and first aid.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the Manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents could spend time in the communal rooms or in the privacy of their bedrooms.

Residents said that staff were available to them when needed and that they enjoyed the company of staff as well as fellow residents.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents and to prioritise any activities for that day. For example, residents' appointments, care reviews, or social outings. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, and discussing residents' care in a confidential manner.

Residents who required assistance to manage more complex treatments, such as insulin dependent diabetes were supported by a district nursing team who attended the home regularly.

The Manager explained that referrals to the home were usually conducted by telephone from local Trust or hospital social workers. The Manager would then accept or decline the referral based on the information shared by the referring agent. Records were not maintained of this referral process and the rationale for decisions made was not recorded. The absence of records made it unclear to determine if the pre-admission process was in line with the home's statement of purpose or categories of care. An area for improvement was identified.

At the time of admission to the home assessment details were obtained from the referring agent and care plans were put in place to direct staff of how to best support the resident. There was inconsistent evidence of resident involvement in the planning of their care. For example some care plans were signed by the resident and some were not. This was discussed with the Manager who agreed to review resident records to ensure resident involvement was evidenced. This will be reviewed at the next inspection.

Resident records did not evidence individual assessment of risks following admission to the home. An area of improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents told us that they enjoyed the food on offer and that they were involved in the planning of menus through regular resident meetings or casual discussions with staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents said that their "physical and psychological needs" were met and that they were "cared for very well...we need for nothing."



### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that the home was warm, clean and comfortable. Residents' bedrooms were clean, tidy, and personalised with items of importance to the resident.

Bedrooms and communal rooms were well decorated, and suitably furnished, with a warm atmosphere created by homely touches such as pictures, cushions, and ornaments.

Corridors and fire exits were maintained free from obstruction. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The most recent fire risk assessment was undertaken on 14 June 2022. Fire safety records showed that staff participated in evacuation drills and fire systems such as door mechanisms and alarm systems were checked regularly.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Review of training records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Residents remain happy with the standard of cleanliness in the home.

### 5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. It was observed that residents could move freely around the communal areas of the home or spend time in the privacy of their bedrooms if they wished.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their surroundings and in interactions with staff. One resident said "I get on with the staff and other residents and feel well looked after." Another resident said "I am happy here...wouldn't want to go anywhere else."

Special occasions were celebrated. For example residents' birthdays were usually marked with a cake and a meal or take out of choice for the birthday person.

Residents were encouraged to participate in the running of the home through regular resident meetings.

The grounds of the home were well maintained and accessible to residents.

An activities programme included pamper time, arts and crafts, games, walks, and singalongs.

One resident said Naroon House was "by far the best home I have been in."



### 5.2.5 Management and Governance Arrangements

There had been no changes to the management of the home since the last inspection with Miss Mary Kelly being the Registered Manager since 2015, and the Responsible Person since February 2021.

Staff were aware of who was in charge of the home at any time and said that the Manager was always available for support and guidance.

Residents knew the Manager by name and said that they could raise any concerns or queries and felt that any queries would be managed appropriately.

A system of auditing was 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home and had completed the required training for this role in August 2022.

Staff were aware of the safeguarding champion role and of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was a system in place to record complaints. Records showed that no recent complaints had been received.

### 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' Minimum Standards (August 2011) (Version 1:1) (Altered as required)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.3. and 3.7  <b>Stated:</b> First time  <b>To be completed by:</b> 10 November 2022	The registered person shall review the pre-admissions process to ensure compliance with the home's statement of purpose, registered categories of care, and regulations and standards.  Pre-admission records should be available for inspection.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The pre-admission process to ensure compliance with the home's statement of purpose and registered categories of care has been reviewed and documents updated. A detailed pre-admission assessment is in place and the manager will visit all screened potential residents. When a request for admission is received and the manager has assessed that Naroon House is not a suitable placement the reasons are recorded.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 10 November 2022	The registered person shall ensure that individual risk assessments are completed and/or reviewed no less than one month following admission to the home.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The manager has reviewed all resident risk assessments and each resident has a generic risk assessment completed identifying risks. If risks are identified a specific assessment is completed to ensure appropriate action is identified for the management of these risks. All new residents will have a risk assessment completed and reviewed no less than one month following admission.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**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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