



## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Naroon House (1330)  
**Date of Inspection:** 13 November 2014  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN017537

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Naroon House (1330)
<b>Address:</b>	1 Ballyquillan Road Crumlin BT29 4DD
<b>Telephone number:</b>	02894452204
<b>Registered Organisation/ Registered Provider:</b>	Naroon House
<b>Registered Manager:</b>	Mrs Margaret Kelly
<b>Person in charge of the home at the time of inspection:</b>	Miss Mary Kelly – Deputy Manager
<b>Categories of care:</b>	RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E)
<b>Number of registered places:</b>	12
<b>Number of residents accommodated on Day of Inspection:</b>	11 plus 1 in hospital
<b>Scale of charges (per week):</b>	£462.00
<b>Date and type of previous inspection:</b>	10 June 2014 Primary announced inspection
<b>Date and time of inspection:</b>	13 November 2014 10am – 1pm
<b>Name of Inspector:</b>	John McAuley

## **2.0 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 an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced 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 (2011)

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

## **4.0 Methods/Process**

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

- Discussions with the registered provider / manager and the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with residents
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 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 Standard 9 on Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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.

## 6.0 Profile of service

Naroon House Residential Care home is situated on the Ballyquillan Road, a rural location outside the village of Crumlin County Antrim.

The residential home is owned and operated by Mrs Margaret Kelly who is registered manager for over twenty years. Mrs Kelly is assisted with her daughter, the deputy manager, Miss Mary Kelly and a small team of staff.

Accommodation for residents is provided in single room, two double and one treble room over two floors. Access to the first floor is via stairs.

Communal lounges and a dining area are provided in a central area of the ground floor.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home has nicely appointed grounds which are accessible for residents to benefit from.

The home is registered to provide care for a maximum of twelve persons under the following categories of care:

Residential care;

I – Old age not falling into 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

## 7.0 Summary of inspection

This secondary unannounced care inspection of Naroon House was undertaken by John McAuley on 13 November 2014 between the hours of 10am and 1pm. Miss Mary Kelly, the deputy manager was available during the inspection and for verbal feedback at the conclusion of the inspection, together with the registered provider and manager, Mrs Margaret Kelly.

The two recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the deputy manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. The deputy manager confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect

of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and the deputy manager, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they expressed / indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Comments received from residents are included in section 10.0 of the main body of the report.

The home presented as clean and tidy with a good standard of décor and furnishings being maintained.

Discreet observations evidenced residents being treated with dignity and respect. Their dietary needs were found to be well cared for with wholesome nutritious mid-morning snacks and dinner time meal. A pleasant relaxed homely atmosphere was in place with residents observed to be content with same.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 June 2014.**

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
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>	<p>The home's policy and procedure on challenging behaviour and responding to resident's behaviour has been revised in more detail and includes the implication of the Human Rights legislation in respect of same.</p>	Compliant
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>	<p>A training and development plan has been put in place to include staff training in mental health needs.</p>	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	
<b>Inspection Findings:</b>	
<p>A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded.</p> <p>Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	
<b>Inspection Findings:</b>	
<p>Discussions with the deputy manager on duty confirmed that she had good knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.</p>	Compliant



**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>  9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).</p>	Compliant
<p><b>Criterion Assessed:</b>  9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.</p>	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
General observations of residents' aids, appliances and equipment found these were maintained in good order.	Compliant

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Residents' consultation**

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

Some of the comments received included statements such as:

"I love it here"

"It is like a 5 star hotel"

"Everything is wonderful"

"There is plenty of good food"

"I love the new decoration done to my bedroom and the shower room"

No concerns were expressed or indicated.

### **10.2 Relatives/representative consultation**

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

### **10.3 Staff consultation**

There were no staff members on duty other than the home's management Mrs Margaret Kelly and her daughter Miss Mary Kelly.

### **10.4 Visiting professionals' consultation**

The inspector did not meet with any visiting professionals during this inspection.

### **10.5 General environment**

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounges and dining area were comfortable and nicely facilitated.

A programme of up grading of the environment, including refurbishment of a shower room and bedrooms had taken place, with good effect.

### **10.6 Accident / incident reports**

A review of these reports since the previous inspection was undertaken. These were found to be appropriately managed and reported.

### **10.7 Care practices**

Discreet observations evidenced residents being treated with dignity and respect. Their dietary needs were found to be well cared for with wholesome nutritious mid-morning snacks and

dinner time meal. A pleasant relaxed homely atmosphere was in place with residents observed to be content with same.

Residents were found to benefit from the company of choice of one another and fulfilled with aligned activities and pastimes of choice.

## **Quality Improvement Plan**

The findings of this inspection were discussed with Miss Mary Kelly as part of the inspection process.

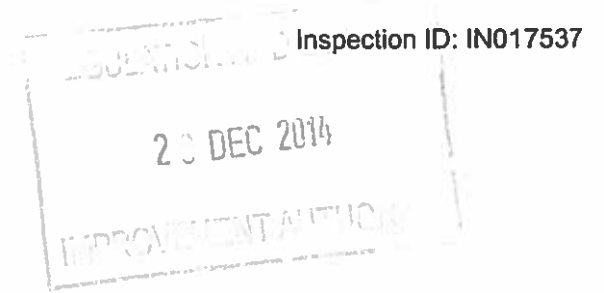
This inspection resulted in no requirements or recommendations being made. The registered provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquires 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**



The Regulation and  
Quality Improvement  
Authority



No requirements or recommendations resulted from the primary unannounced inspection of Naroon House which was undertaken on 13 November 2014 and I agree with the content of the report. Return this QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk).

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	<i>Margaret M Kelly</i>
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	<i>Margaret M Kelly</i>

<b>Approved by:</b>	<b>Date</b>
<i>John McFadyen</i>	<i>5/1/15.</i>