

Inspection Report

19 May 2022



Naroon House

Type of Service: Residential Care Home
Address: 1 Ballyquillan Road, Crumlin, BT29 4DD
Tel no: 028 9445 2204

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: 10
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 19 May 2022 from 9.00 am to 3.00 pm by a care inspector.

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.

A number of areas for improvement identified at the last care inspection were assessed as not met. These areas related to fire safety, monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC), and staff induction and training. There was a lack of managerial oversight to ensure that processes were fully implemented to drive the necessary improvements. New areas for improvement were identified in relation to staff recruitment, the safeguarding champion role, and consultation with residents. A serious concerns meeting resulted from the findings of this inspection.

The registered provider/manager was invited to attend a serious concerns meeting with RQIA via teleconference on 6 June 2022 to discuss the inspection findings and their plans to address the issues identified. The meeting was attended by the registered provider/manager and a representative. During the meeting, the representative presented an action plan and advised of completed and/or planned actions to secure the necessary improvements.

As a result of the action plan presented at the serious concerns meeting, RQIA decided to allow a period of time for the provider to fully implement the action plan and advised that a further inspection would be completed to ensure that the concerns were effectively addressed.

Residents said that living in Naroon House was a good experience. Residents were seen to be relaxed and comfortable in their surroundings. Interactions between staff and residents were seen to be warm, and staff were respectful towards residents.

The findings of this report will provide the registered person 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 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 registered person during and at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with six residents, one staff, and one visiting professional during the inspection. No questionnaires were returned by relatives within the allocated timeframe. Nine resident questionnaires were received and two staff completed the online survey.

Residents spoke positively about living in Naroon House with one resident describing it as a “home from home”. Residents described staff as “excellent”, “the best”, and “good company”, and said that staff were always on hand when they needed assistance or just someone to talk to.

Residents told us that the care was good and that they knew how to raise concerns if they needed to.

The majority of staff feedback was positive with two staff saying that they loved working in Naroon House. Staff spoke about the importance of resident wellbeing and demonstrated a person centred approach to care.

Staff confirmed that they had not received any essential training relating to their role in some time, although staff were aware of a new eLearning system that had yet to be implemented and expressed enthusiasm about this opportunity to refresh and/or enhance their knowledge.

Overall staff indicated that they believed the care and services within Naroon House to be safe, effective, delivered with compassion, and well led. One online survey response indicated that they were very dissatisfied with the services and management of the home; however they did not provide any comments to support their opinions, nor did they provide contact details for RQIA to explore this further.

A visiting professional spoke very highly of the staff within the home and described staff as friendly and helpful. The visiting professional told us that they always find the home to be clean with a homely atmosphere and that the residents presented as “happy and looked after.”

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 07 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (c) (ii) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: A new system had been put in place to monitor staffs' registration with NISCC. This system was not effective and deficits remained. This is discussed further in section 5.2.1. This area for improvement was stated for a second time.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: It was acknowledged that two fire doors identified at the previous inspection had been fitted with appropriate closing mechanisms. However wedges were seen to be used on two other fire doors during the inspection. This is discussed further in section 5.2.3. This area for improvement was stated for a second time.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 and 24.5 Stated: Second 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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23 Criteria 6 Stated: First time	The registered person shall ensure that all staff have a record of induction to their role on file.	Not met
	Action taken as confirmed during the inspection: A new induction booklet had been developed but this had not yet been completed with any staff. This is discussed further in section 5.2.1. This area for improvement was stated for a second time.	
Area for improvement 3 Ref: Standard 23 Criteria 3, 4, 6 and 7 Stated: First time	The registered person shall ensure that all staff are provided with training relevant to their roles and records are maintained.	Not met
	Action taken as confirmed during the inspection: No essential staff training had taken place since the last inspection. This is discussed further in section 5.2.1. This area for improvement was stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A number of staff recruitment files were reviewed and some deficits were found. Some staffs' employment histories were not fully completed during the application process for example, dates of employment and/or episodes of employment were omitted. As a result of these omissions, gaps in employment history were not fully explored. Relevant references had not been sought for some employees. This was discussed with the manager during the inspection and the subsequent serious concerns meeting. An area for improvement was identified.

Services are required to ensure that relevant staff are registered with the Northern Ireland Social Care Council (NISCC), and if the employee is new to care that they are supported to completed the NISCC application process within six months from commencing employment. It was noted that since the last inspection a new system was in place for more regular monitoring however this system was not effective and deficits in ensuring staff are appropriately registered remained. This area for improvement was stated for a second time.

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 the manager confirmed that a period of induction took place, which included two shifts whereby the new employee 'shadowed' a more experience member of staff. Review of staff files contained no record or details of the induction period. The manager informed RQIA that a new induction booklet had been developed but had no yet been implemented with staff. This area for improvement had been identified and discussed with the manager at the previous inspection and was stated for a second time.

Records showed that no essential staff training had taken place since the last inspection. The manager explained that the ongoing COVID-19 pandemic and other pressures continued to impact the home's ability to provide training to staff. The manager confirmed that a new eLearning programme had been purchased in November 2021 but there had been delays rolling this programme out to staff. The manager confirmed that no alternative sources of training had been utilised, such as free online sessions provided by the Northern Health and Social Care Trust or the Northern Ireland Hospice ECHO programme, which had been discussed at the previous inspection. This area for improvement was stated for a second time.

Governance records showed that staff supervisions and annual appraisals had commenced and the manager had oversight of this with a matrix system.

Duty rotas accurately reflected the staff working in the home each day. The manager's hours were stated on the duty rota and the senior care assistant in charge of the home in the absence of the manager was identified. Staff reported that they have sufficient time during their shift to meet each resident's needs and that they have "much quality time with residents."

Residents told us that staff were always available to them when needed and said that they enjoyed the company of staff. Residents said that staff were "excellent" and easy to talk to.

The visiting professional said that they always found staff to be friendly and “on the ball” to help during visits to the home.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in residents’ needs and to priorities the duties for that shift. The manager lived close to the home and staff confirmed that they could call on the manager for guidance or support at any time of the day or night.

Staff demonstrated a good understanding of each resident’s daily routine, wishes and preferences. Staff were seen to provide a prompt response to residents’ needs, in a polite and respectful manner.

Residents’ needs were assessed at the time of admission to the home. Following this initial assessment care plans and daily routines were developed. Records included input from multidisciplinary professionals such as Trust key worker, district nursing, and community mental health services. It was positive to note that records detailed resident preferences in relation to their care and where possible residents signed their care plans.

Residents confirmed that they could spend their time as they wished. For example, they could spend time in communal areas with others or they could avail of privacy if they preferred.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The serving of lunch was observed and found to be a pleasant and unhurried experience. The food looked and smelled appetising. A menu was on display in the dining room but did not reflect the meals served. Residents informed us that the menu was “just up as an example” of the types of food on offer. Residents said that they often don’t know what meals are being prepared each day but that they can ask staff if needed and that staff were very knowledgeable about resident likes and dislikes, and they usually get food that they like. Residents confirmed that if they did not like a particular meal that an alternative option was offered. This was discussed at the previous inspection and the manager confirmed that they routinely consult with residents about meal suggestions and other topics relating to the running of the home. Since the last inspection no records of consultation with residents had been maintained. This is also discussed in section 5.2.4. An area for improvement was identified.

Residents said that the overall care provided in the home was “excellent” and “unbelievable.” Residents confirmed that they could avail of other support services outside of Naroon House, such as day centre or activity groups. This is good practice.

Staff spoke with pride about delivering high standards of care and demonstrated that resident welfare was at the centre of their roles and responsibilities. Staff said that they “love” working with the residents.

The visiting professional described the care that they observe on a daily basis as good and acknowledge the excellent end of life care that the staff recently delivered to a resident who had passed away. This was a good example of compassionate care delivery.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included resident bedrooms, communal lounges and dining room, laundry and kitchen areas, and corridors.

The home was found to be clean, well lit, and warm, with a homely atmosphere.

Resident bedrooms were clean, tidy, and well personalised with items of importance or sentimental value to each resident. Residents confirmed that they were free to spend time in their bedrooms as and when they wished and that they could choose the décor and furnishings.

Some bedrooms were shared by two residents. Shared bedrooms were clearly separated into personal areas for each resident. Dignity curtains were available in all but one double room. At the time of inspection this room was occupied by one resident but was available to be used as a shared room if a new admission was accepted. This was identified as a potential dignity and privacy issue. This was discussed with the manager who agreed to review the arrangements for privacy in that room. This will be reviewed at the next inspection.

Corridors were bright, clean, and free from clutter. There were homely touches along corridors such as framed pictures, side tables, and lamps. And seating was available at certain points.

Communal lounges and the dining room were clean and décor was well maintained.

Fire exits were found to be free from obstruction. It was acknowledged that since the last inspection two fire doors had been fitted with a door closing mechanism which would ensure that the doors closed in the event of a fire. However, two further internal fire doors located at the laundry and kitchen were wedged open. The manager provided confirmation following the inspection that remedial action had been taken; that wedges had been removed from the home, all staff were reminded that the practice of wedging open doors was to cease with immediate effect, and two automatic door closing mechanisms were ordered. This area for improvement was stated for a second time.

Residents said that they were happy with the standard of cleanliness in the home and said that staff would clean areas of the home daily.

5.2.4 Quality of Life for Residents

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

Residents were observed enjoying the company of others in communal areas and also spending some alone time when they wished. One resident described having structure to their week with regular outings to a mental health support group, visits from family and trips out with family, and said that this provided great variety to their week.

Staff said that while there was no set activities planner, they would ask residents each day what they wanted to do. Staff said that popular group activities included the walking group or music sessions. Staff told us that the majority of residents preferred one to one activities such as nail

painting, reminiscing, or talking about their life and feelings. Staff demonstrated a good understanding of resident social wellbeing and the importance of having meaning to their day.

Residents told us that they very much enjoyed the walking groups and talked about the local area and history. Residents said that other group activities in the evenings included playing games or singing songs with a member of staff who played the guitar.

The manager informed us that staff would have regular informal meetings with residents to obtain resident opinions on topics related to the running of the home, and that residents could make suggestions during these sessions. No records were maintained of resident meetings. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls to family if needed and some residents used their own mobile phones to keep in touch with family and friends.

Overall residents spoke positively about living in Naroon House and felt safe and comfortable in the home. Residents said, "everything is first class...it's like a hotel", "Naroon House is my home...I want to stay here forever", "it's a home from home", "it's the perfect place for me."

Staff spoke with pride and affection about working in the home, "Naroon House is like my second home...the residents are like family...I love them", and "I love it here...we have so much quality time with the residents."

The visiting professional said that they always felt welcomed in the home.

5.2.5 Management and Governance Arrangements

Staff told us that they understood their roles and responsibilities in reporting any worries or concerns they may have about resident care, staff practice, or the running of the home. Staff confirmed that the manager was always available to them for guidance and support.

One online staff survey response indicated that they were very dissatisfied with how the service was led, but did not provide further comment. RQIA were unable to contact the staff member to obtain any further detail. This negative feedback was contradictory to all other opinions shared by staff, residents and the visiting professional.

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.

There was evidence that 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 confirmed that they had not completed the required level of training in relation to safeguarding and no safeguarding champion was identified. This was discussed and the

manager took action during the inspection by booking a place of the recommended course. The manager's training is due to take place in August 2022 and they will then be identified as the safeguarding champion for the home. An area for improvement was identified.

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

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager described her as supportive, approachable and always available.

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) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Kelly, Manager and Registered Person, 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: Second time To be completed by: With immediate effect	<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: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: The central NISCC Registration file will be monitored, checked, validated and signed every two months by the manager. Information in respect of staff's registration status was available at the time of the inspection but the manager accepts that not of all of this was held centrally in one location or folder.</p> <ul style="list-style-type: none"> •Supervision records will include an update of staff's compliance with NISCC registration. •Two new staff have recently been appointed and are in the process of registering with NISCC who have confirmed this and new starts are included on the register from the date of employment.
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time To be completed by: DD Month Year	<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: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> •A Fire Risk Assessment took place on 16 June 2022. •The manager brought to the Fire officer the Inspector's recommendations re door closures and to identify if any further doors require closing mechanisms. •Fire safety training, including the use of equipment and evacuation procedures took place by the Fire Safety Officer on 8 June 2022. •Staff will also complete the Fire Safety module available with the on-line training and this is updated regularly. <p>As well as the existing contracted Fire Specialist company Naroon House has the availability of this Evolve training Fire Safety Awareness which staff have now completed.</p> <ul style="list-style-type: none"> •The Fire safety log will reflect all training undertaken by staff, date and times of fire safety fire drills and dates and outcome of all routine fire safety checks. •The two doors identified as being wedged open at the time of

	<p>the inspection have been fitted with self-closure devices.</p> <ul style="list-style-type: none"> •Staff and residents have been informed that the wedging of doors is not permissible. •The four doors fitted with self-closure devices will be included in the weekly fire safety checks.
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> •The registered manager will ensure that all applicants for employment are completed in accordance with regulation and care standards. •Where shortfalls are identified this will be explored with the applicant at the time of interview and the record of interview will reflect all identified areas have been discussed and the outcome of the discussion. •The issue identified at inspection had been discusses with the applicants and is recorded in the individual's interview record.
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2022</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The Safeguarding Champion has registered for further training to take place in August 2022.</p> <p>All staff will be made aware of the named safeguarding Champion and their roles and responsibilities.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23 Criteria 6</p> <p>Stated: Second time</p> <p>To be completed by: 2 June 2022</p>	<p>The registered person shall ensure that all staff have a record of induction to their role on file.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> •All new staff will complete the new staff induction training programme that has been introduced. •The two new staff identified at Inspection have completed their two-day initial training and are currently working through the remaining areas included in the programme. •Induction records, when complete will evidence the signatures of the inductee, mentor and the registered manager.

	<ul style="list-style-type: none"> •Induction records will be readily available for inspection.
Area for improvement 2 Ref: Standard 23 Criteria 3, 4, 6 and 7 Stated: Second time To be completed by: 2 June 2022	<p>The registered person shall ensure that all staff are provided with training relevant to their roles and records are maintained.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: The Evolve training programme has commenced for both the manager and staff. A print out of the record of compliance is available.</p> <ul style="list-style-type: none"> •The staffs 'compliance with training requirements will be reviewed at individual supervision and the annual appraisal. •A record of staffs' compliance with training will be available in the home, at any time, for inspection. •A record of completed training will be retained in staff's individual record.
Area for improvement 3 Ref: Standard 12 Criteria 2 and 4 Stated: First time To be completed by: 16 June 2022	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Evidence of residents involvement of the planning of menus is available as this topic is discussed at the four monthly residents meetings.Minutes of resident's meetings are available. The daily menus are on display and reflect the meals as per the meal planner.Individual residents are offered an alternative on request.</p>
Area for improvement 4 Ref: Standard 1 Criteria 5 and 6 Stated: First time To be completed by: 16 June 2022	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Processes are in place to ensure that residents views and opinions are obtained.Residents meetings will take place every four months .</p>

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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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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