

Unannounced Care Inspection Report 19 July 2016



Naroon House

Type of Service: Residential Care Home

Address: 1 Ballyquillan Road, Crumlin, BT29 4DD

Tel No: 028 9445 2204

Inspector: John McAuley

1.0 Summary

An unannounced inspection of Naroan House Residential Care Home took place on 19 July 2016 from 10:30 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified with this domain.

One requirement was made to ensure two written references are obtained for any member of staff, one of which must be the applicant's present or most recent employer, in line with legislation.

Another requirement was made for that staff fire safety training be maintained on an up to date basis.

Is care effective?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to the registered manager and staff knowledge and understanding of residents' assessed needs and prescribed care interventions.

Is care compassionate?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to discussions with the registered provider who was undertaking cooking duties confirming that she was knowledgeable about individual residents' likes and dislikes and she positively set out to ensure meals were an enjoyable experience.

Is the service well led?

No areas of improvement were identified within this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Margaret Kelly	Registered manager: Mary Kelly
Person in charge of the home at the time of inspection: Mary Kelly	Date manager registered: 28 August 2015
Categories of care: 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 registered places: 12

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with ten residents, the deputy manager, the registered provider and the registered manager.

Five resident views, five representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Two residents' care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Policy on challenging behaviour
- Fire safety records
- Record of complaints
- Accident and incidents records
- One staff member's recruitment records
- A competency and capability assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 26 April 2016	All radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action. Action taken as confirmed during the inspection: The registered manager reported that a risk assessment was carried out and as a result plans are in place to install a cover on a corridor radiator beside the medicine cupboard.	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents or staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x registered provider doing cooking duties
- 1 x deputy manager from 11:00
- 1 x domestic
- 1 x care assistant

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of a sample of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. An inspection of a sample of one staff member's records found that mandatory training was being maintained on an up to date basis.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. An inspection of a record of this assessment found this to be methodical and detailed in terms of appointed role and responsibilities.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of one staff member's file was undertaken. Evidence was in place to confirm that staff members were recruited in line with legislation, other than obtaining two written references linked to the requirements of the role. A requirement was made for two written references to be obtained for any applicant, one of which must be from the applicant's present or most recent employer.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body. These were inspected and found to be appropriately maintained.

The adult safeguarding policy and procedure in place was dated May 2016. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure also included the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. The registered manager was the established safeguarding champion. Staff had received their update training in safeguarding on 8 July 2016.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken which found the home clean and tidy. The general standard of décor and furnishings was dated in some areas of the home but fit for purpose. The overall appearance was akin to a domestic type setting.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home.

Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

On the day of the inspection no obvious restrictive care practices were observed. The home had an up dated policy on challenging behaviour dated June 2016, which included policy on restrictive care practices.

The registered manager reported that the fire safety risk assessment was scheduled to be done in August 2016, as was fire safety training for staff.

Review of staff training records confirmed that staff completed fire safety training in May 2015. A requirement was made for fire safety training to be maintained on an up to date basis.

Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified within this domain.

One requirement was made to ensure two written references to be in place for any member of staff, one of which must be the applicant's present or most recent employer, in line with legislation.

Another requirement was made for staff fire safety training to be maintained on an up to date basis.

Number of requirements	2	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager and deputy manager established that the staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents' care records confirmed that these were maintained in line with the legislation and standards. The care records included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Discussions with the registered manager, the registered provider and the deputy manager confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Discussion with the registered manager and registered provider confirmed that a person centred approach underpinned practice. For example, discussions revealed how the involvement with one particular resident's family, aligned health care professionals and staff helped a particular resident with their symptoms of low mood.

The two care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example, the registered manager confirmed that audits were undertaken of care records and finances on a monthly basis and medication is audited daily. This information adds to the governance arrangements in place by the registered manager and any areas of improvement are acted upon accordingly.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with ten residents at the time of this inspection. All spoke on a positive basis about their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "They look after me very well"
- "I have no problems here"
- "Everything is grand here. No problems. The staff are all very good"
- "The staff are all very kind"
- "I like it here."

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Staff were also able to demonstrate how residents' confidentiality was protected through knocking of bedroom doors before entering, discretion of handing over information and storage of care records.

Discussion with staff, and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another. Photographs were displayed of recent events held in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community. At the time of this inspection two residents went to the local town for errands.

An appetising dinner time meal was provided for in a nicely appointed dining room. Discussions with the registered provider who was undertaking cooking duties confirmed that she was knowledgeable about individual residents' likes and dislikes and she positively set out to ensure meals were an enjoyable experience.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. These included care review meetings and an open relationship between residents and the management of the home.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented.

Discussions with the registered manager confirmed that learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

The registered provider confirmed that she visits the home on a daily basis and also works shifts on a weekly basis.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Discussions with the registered manager found that she was knowledgeable about her role, legislation and standards.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mary Kelly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21(1) (b) Schedule 2 (3) Stated: First time To be completed by: 19 August 2016	The registered provider must ensure that two written references are obtained for any applicant, one of which must be from the applicant's present or most recent employer. Response by registered provider detailing the actions taken: These references for one staff member have now been requested and we are awaiting their return.
Requirement 2 Ref: Regulation 27(4) (e) Stated: First time To be completed by: 19 August 2016	The registered provider must ensure that staff fire safety training must be maintained on an up to date basis. Response by registered provider detailing the actions taken: Fire safety training for all staff was completed on 01/08/16.
Requirement 3 Ref: Regulation 30(1) (c) Stated: First time To be completed by: 20 July 2016	The registered provider must ensure that any accident that requires medical intervention is notified to RQIA. Response by registered provider detailing the actions taken: RQIA has been informed of all accidents requiring medical intervention - none of these were outstanding at time of inspection.

Name of registered manager/person completing QIP	Mary Kelly		
Signature of registered manager/person completing QIP	Mary Kelly	Date completed	23/8/16
Name of registered provider approving QIP	Margaret M Kelly		
Signature of registered provider approving QIP	Margaret M Kelly	Date approved	23.8.16
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	



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