

Inspection Report

20 June 2024



Naroon House

Type of service: Residential

Address: 1 Ballyquillan Road, Crumlin, BT29 4DD

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Naroon House	Registered Manager: Ms Mary Kelly
Registered Person: Ms Mary Kelly	Date registered: 28 August 2015
Person in charge at the time of inspection: Ms Mary Kelly, Manager	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: 11
Brief description of the accommodation/how the service operates: This home is a registered residential home which provides health and social care for up to 12 persons. Residents' bedrooms are located over two floors and residents have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2024 at 09:50 am to 5:15 pm by a care inspector.

The inspection was undertaken to determine if the home was delivering safe, effective, and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, care plans and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

Four new areas requiring improvement were identified during the inspection; one area for improvement in relation to medicines management has been carried forward for review at the next inspection; these are discussed in the main body of the report.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

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 Ms Mary Kelly, Registered Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff spoken with provided positive feedback about Naroon House. Residents told us that they felt well cared for; enjoyed the food; that staff were kind and there was enough staff on duty to meet their needs.

Staff said that Naroan House was a good place to work; the manager was approachable and they respected her; they were confident any concerns brought to the attention of the manager would be addressed promptly; that staff morale was good and the staff team are supportive; there were enough staff on duty to care for the residents and they felt well supported in their role.

Following the inspection we received nine completed resident/relative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. Three staff questionnaires were received complimenting the home, the residents and the manager.

The following comments were recorded on resident/relative questionnaires:

“The care and attention given to us is exceptional. I look upon the staff and residents as friends.”

“I think it’s great. I love it here, so I do. Staff look after me and I feel safe here.”

Cards and letters of compliment and thanks were received by the home and shared with staff. The following comment was recorded:

“We cannot thank you enough for your care, understanding, your kindness and your generosity. You made me feel extremely welcome and nothing was a bother.”

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 22 June 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for Improvement 2 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that all staff are provided with formal supervision no less than every six months or more frequently if indicated. Records should be maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 5.4, 5.5 and 6.6 Stated: First time	The registered person shall ensure that all residents' risk assessments and care records are maintained up to date, with accurate information, and signed by the person completing.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 20.10 and 20.11 Stated: First time	The registered person shall ensure that a robust system of auditing is in place to monitor the quality and accuracy of residents' care records	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was noted that employment history had been recorded with reasons for leaving past employment and pre-employment health assessments were in place. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, dysphagia awareness, diabetes awareness, first aid, moving and handling, food hygiene, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire safety. However, mandatory training records were unavailable to view for one staff member. This was discussed with the manager who advised she would address the matter. An area for improvement was identified.

Correspondence received from the manager on 4 July 2024 confirmed the staff member had completed mandatory training requirements.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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, Ms Mary Kelly was identified as the appointed safeguarding champion for the home.

Records requested regarding competency and capability assessments for a member of staff left in charge of the home when the manager was not on duty, were unavailable to view. This was discussed with the manager and an area for improvement was identified.

Review of records evidenced that staff had completed supervision during 2024. The manager advised that supervision is ongoing and that arrangements are in place to ensure that all staff members have regular supervision. Appraisals had commenced but it was noted that not all staff had completed a recent appraisal. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Care records regarding nutrition, weight and mobility were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We observed the serving of the lunchtime meal in the dining room. Staff ensured that residents were comfortable throughout their meal. The daily menu was displayed showing residents what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Adequate numbers of staff were observed assisting residents with their meal appropriately, in an unhurried manner.

Residents said that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was nicely decorated, comfortably warm and clean throughout. Residents' bedrooms were personalised, suitably furnished and tidy. Communal areas were appropriately furnished and comfortable.

Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. The manager confirmed that a Fire Risk Assessment had been completed on 13 June 2023 and that arrangements will be made for a review.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed in an appropriate location advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as arts and crafts. Residents told us that they enjoyed attending activities; were aware of the activities provided in the home and that they were offered the choice of whether to join in or not.

A record of the activities offered was unavailable to view. This was discussed with the manager and advice was given regarding the recording of the activity book, as it should reflect activities offered by staff with a record of residents who wish to attend or decline the activities provided. An area for improvement was identified.

Review of records evidenced that patient meetings were held on a regular basis. Minutes of these meetings were available.

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, the environment and infection prevention and control (IPC) including hand hygiene.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised in the past few years. Residents and staff 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 and described her as supportive, approachable and responsive to any issues that were brought to her attention.

6.0 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 (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Mary Kelly, Registered Manager, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: Ongoing from the date of inspection (9 March 2023)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 June 2024)</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates specifically to the timely completion of mandatory training.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 June 2024)</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities and that records kept are made available on request by RQIA representatives.</p> <p>This relates specifically to staff competency and capability assessments.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2024</p>	<p>The registered person shall ensure that all staff have a recorded annual appraisal to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Competency and Capability assessments are now more easily accessible in each staff individual employment folder.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have completed their annual appraisals, which are all held in the supervision and appraisal file on site.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 June 2024)</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>An Activities Book has been created to formally record those residents that participate in activities and which activity and those that decline to participate.</p>
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