

# Unannounced Care Inspection Report 21 February 2021 and 4 March 2021



## Naroon House

**Type of Service: Residential Care Home (RCH)**  
**Address: 1 Ballyquillan Road, Crumlin, BT29 4DD**  
**Tel No: 028 9445 2204**  
**Inspectors: Alice McTavish and Joseph McRandle**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 12 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individual:</b> Mary Kelly	<b>Registered Manager and date registered:</b> Mary Kelly - 28 August 2015
<b>Person in charge at the time of inspection:</b> Rosaleen Burns, Senior Care Assistant	<b>Number of registered places:</b> 12
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 11

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 21 February 2021 between 10.20 and 16.45 hours. A remote finance inspection was undertaken on 04 March 2021 from 15.00 to 16.00 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements
- management of residents' finances.

Residents said that they received excellent care in Naroon House and that staff treated them with great kindness.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	2*

\*The number of areas for improvement includes one against the regulations which has been stated for a second time and one against the standards which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mary Kelly, 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection.

During the inspection the inspector met with seven residents and two care staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff supervision and appraisal
- competency and capability assessments
- a selection of quality assurance audits
- complaints
- incidents and accidents
- two residents' care records
- monthly monitoring reports
- fire risk assessment
- records of residents property
- policy and procedure manual

- a sample of residents' financial records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The manager was not on duty but was present throughout the inspection. The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2020. The previous inspection contained a number of areas for improvement identified during a finance inspection which was undertaken on 12 October 2018. Of the seven areas for improvement carried forward from the last finance inspection, six were assessed as met and one assessed as partially met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring reports are completed and that actions are followed up in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of monthly monitoring reports confirmed that these were completed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time	The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.	<b>Met</b>
	This relates to staff not using their personal store loyalty cards when making purchases on behalf of residents.  <b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed that this has been addressed.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 22 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a record is kept of persons working at the home acting as the appointee of a resident.</p>	<p><b>No longer applicable</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that no staff in the home act as appointee for residents.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is evidence that each resident has been provided with an up to date written agreement setting out the terms and conditions of their residency in the home (residents' agreement should be kept up to date to reflect all changes) with the change agreed in writing by the resident or their representative.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two residents' files evidenced that property records were in place for both residents. It was noted, however, that the records had not been updated since 2018. The manager advised that this procedure will resume from the date of this inspection.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is evidence that each resident has been provided with an up to date written agreement setting out the terms and conditions of their residency in the home (residents' agreement should be kept up to date to reflect all changes) with the change agreed in writing by the resident or their representative.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two residents' written agreements confirmed that the agreements set out the terms and conditions of the residents' residency within the home. A list of the current charges for additional services provided to residents e.g. hairdressing, was included in the agreements. Both agreements were signed by the residents' representatives and a representative from the home.</p>	



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure the staff rota reflects what capacity staff are working over a 24 hour period.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the staff rota confirmed that this now reflects the designations of all staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure risk assessments for the risk of chest infection for one resident and unstable blood sugars are in place for residents who require them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that there are no residents currently accommodated who experience recurrent chest infection. Inspection of care records identified that there was a risk assessment and care plan in place for a resident who has unstable blood sugars.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure the daily menu is displayed in a suitable format and in an appropriate location for residents and their representatives to know what is available at each mealtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises identified that the daily menu is displayed.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 25.8 <b>Stated:</b> Second time	The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - - The date of all meetings, the names of those attending, minutes of discussions and any actions agreed.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  Discussion with the manager established that full staff meetings were not held throughout the	

	<p>Covid-19 pandemic in order that social distancing could be maintained. Other methods were used to ensure effective communication between the manager and staff. This area will be examined in the next inspection.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 15.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a quarterly check of the contents of the safe place is carried out, recorded and evidenced at least every quarter. Best practice would dictate that two people sign and date the check.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of records confirmed that the contents of the safe place were checked on a quarterly basis. The records reviewed were signed by two members of staff.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 7.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that procedures are explained to residents and their representatives informing them of the implications of the treatment and any options available to them. This is documented in care records.</p> <p>This area for improvement relates to evidencing engaging with residents and their representatives and HSC trust care management regarding residents paying for personal care products from their own monies.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed that the arrangements for the two residents identified at the last finance inspection purchasing their own personal care products had been agreed with representatives from the Health and Social Care Trust.</p> <p>A review of records for both residents evidenced that the trust had supplied products to the residents, however, the residents preferred to use other products. This arrangement was recorded in the residents' care records. The records were signed by the trust representatives and the manager of the home.</p>	<p><b>Met</b></p>



<b>Area for improvement 7</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to, or the introduction of, new policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home’s policy and procedure manual identified that these were updated in 2018; they are due to be reviewed in 2021.	

**6.2 Inspection findings**

**6.2.1 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)**

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks. We discussed with the manager that staff should have a further temperature check completed before they left their working shift. The manager agreed to implement this immediately.

The manager advised that staff wore their uniforms to work. We discussed with the manager how staff should use a dedicated room to change into uniform and put on PPE before commencing duties. The manager agreed to implement this immediately.

PPE was readily available throughout the home. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for staff.

**6.2.2 The internal environment**

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. We noted that the hand rail on the stairway needed a thorough clean. The manager agreed to implement this immediately and later confirmed in writing that this had been completed.

The home had a current fire risk assessment. Regular fire checks were completed and records maintained.

### **6.2.3 Staffing arrangements**

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The manager advised that no new staff were recruited since the last inspection. The area of safe recruitment will be examined during future inspection.

We found that staff had not been provided with regular supervision and an annual appraisal. The manager advised that these were disrupted throughout the Covid-19 pandemic. This was identified as an area for improvement.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

### **6.2.4 Care delivery**

We observed that residents looked well cared for; residents were well presented and nicely dressed.

It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "My room is lovely, it's very comfortable and clean and I have plenty of space for my collections. I sleep very well... I like to watch my T.V and to knit. I am very happy here...the staff are very good to me and they have kept me safe during this pandemic."
- "I'm very happy living here. Staff are very good, they are always around to help me if I need it."

- “The food here is very good and there’s plenty of it. We get lots of drinks and snacks during the day too. I have a good laugh with the girls (staff), I keep them going...I’m able to go out for walks or spend time in the garden in good weather.”
- “The food is great here, absolutely lovely...I get plenty to eat, I’ve put on a lot of weight since coming here which is great because I was under weight. I feel great now.”
- “Yes, all’s going well for me.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home. The manager maintained good communication with residents’ families.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

One questionnaire was completed by a resident and returned to RQIA. The resident indicated that they were very satisfied with the care and services provided in the home and commented “All is good. I am very happy in Naroon House.”

Three members of staff responded to the electronic questionnaire. All respondents indicated that they were very satisfied with the care provided in Naroon House.

### **6.2.5 Care records**

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required. We discussed with the manager the benefit of maintaining progress records for each resident on a daily basis. The manager agreed to implement this in the near future.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. The manager, who lives in close proximity to the home, was frequently in Naroon House; staff commented positively about the manager and described her as supportive, approachable and always available for guidance. We saw that a communication diary was used to support good communication between staff and management.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of compliments are as follows:

- “I would like to take this opportunity to convey my heartfelt thanks to all who cared for my (relative).”
- “Thank you for all your kindness through a very difficult and stressful year.”

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed.

**Areas of good practice**

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, staff adherence to the current PPE guidance and to the systems to ensure good communication between management and staff.

**Areas for improvement**

One new area for improvement was identified during the inspection. This related to staff supervision and annual appraisal.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.3 Conclusion**

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Naroon House was safe, effective, compassionate and well led.

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Kelly, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

### **7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 April 2021	<p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Records of Residents' personal property have now been updated.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 June 2019	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Records are kept that include: the date of all meetings, the names of those attending, minutes of discussions and any actions agreed.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2 and 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2021	<p>The registered person shall ensure that suitable arrangements are put in place to provide staff with the following:</p> <ul style="list-style-type: none"> <li>• a recorded, individual formal supervision no less than every six months</li> <li>• a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</li> </ul> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> We were unable to have staff meetings because of Covid-19 pandemic. A staff meeting took place on Wednesday 31<sup>st</sup> March 2021 as all staff have received their two Pfizer Biotech Covid-19 vaccines. Staff will have recorded individual formal supervision and annual appraisals carried out by the 30<sup>th</sup> April 2021.</p>

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





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