



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Naroon House**

**26 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 26 January 2016 from 11:00 to 14:30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area of improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This is in relation to risk assessing radiator hot surfaces.

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

### 1.1 Actions/ Enforcement taken following the last inspection

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

### 1.2 Actions/ Enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with Mary Kelly, the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Margaret Kelly	<b>Registered Manager:</b> Mary Kelly
<b>Person in charge of the home at the time of inspection:</b> Mary Kelly	<b>Date manager registered:</b> 6 July 2015
<b>Categories of care:</b> RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E)	<b>Number of registered places:</b> 12
<b>Number of residents accommodated on day of inspection:</b> 12	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with 12 residents, one member of staff, the registered manager and the registered person.

We inspected the following records: three residents' care records, progress records, complaints records, record of residents' meetings and accident and incident records.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 3 September 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection dated 3 September 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 27(4)	An action plan with timescales must be submitted to the home's aligned estates inspection detailing how the 12 recommendations made in the fire safety risk assessment dated 9 May 2015 will be dealt with.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This action plan with timescales has been submitted.	

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

**Is care safe? (Quality of life)**

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice.

Residents' meetings are held on a regular basis. Residents' views and wishes were actively sought and recorded. The record of these meetings was found to be maintained satisfactory with agreed actions delegated as necessary.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

**Is care effective? (Quality of management)**

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and day to day management with the registered person.

The home has a quality assurance programme for obtaining residents' and their representatives' views.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review. Evidence was in place that any agreed actions at these meetings were acted upon.

**Is care compassionate? (Quality of care)**

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

**Areas for improvement**

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with 12 residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home.

Some of the comments made included statements such as:

- "I love it here"
- "This is a great home. I feel happy here"
- "They are all kind to me"
- "I have no complaints. I couldn't think of anything to improve"
- "The meals are lovely".

One resident informed us that he/ she was happy with the care in the home and his/her relationship with staff. However this resident informed us that he/she would like to speak to his/her social worker about the placement. This resident stated that he/she missed the company of other residents with similar capabilities and would like to be closer to his/her family. We raised this issue with the registered manager who subsequently made contact with this resident's social worker.

### **5.4.2 Staff views**

We spoke with one staff member, in addition to the registered manager and the registered person. The staff member advised us that he/she felt supported in his/her respective roles and that he/she felt a good standard of care was provided. The staff member related that he/she had been provided with the relevant resources to undertake his/her duties. The staff member demonstrated to us that he/she was knowledgeable of the needs of individual residents.

### **5.4.3 General environment**

We found that the home presented as clean and tidy. Décor and furnishings were found to be of a reasonable standard.

A number of radiators were found to be excessively hot to touch. These posed as a risk if a resident were to lie against this surface in the event of a fall. A requirement was made for all radiators/hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.

### **5.4.4 Staffing**

The staffing levels at the time of this inspection consisted of:

- 1 registered manager
- 1 x deputy manager
- 1 x domestic
- The registered person assisted with cooking duties.

From general observations of care practices and discussions with staff and residents these levels were found appropriate to meet the needs of residents, taking account the size and layout of the home.

#### 5.4.5 Accident/ incident reports

We inspected these reports from 3 September 2015 until the date of this inspection. These reports were found to be appropriately managed and reported.

#### 5.4.6 Fire safety

Fire safety training including fire safety drills was maintained on an up to date basis. There was observed to be no obvious fire safety risks observed in the environment, such as wedging opening of fire safety doors, at the time of this inspection.

#### 5.4.7 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

An appetising dinner time meal was provided for in a nicely appointed dining room.

#### Areas for Improvement

There was one area of improvement identified. This was in relation to radiators / hot surfaces. The details of this are in the attached Quality Improvement Plan.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mary Kelly, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2) (t)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 April 2016	All radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.		
	<b>Response by Registered Person(s) detailing the actions taken:</b>		
<b>Registered Manager completing QIP</b>		<b>Date completed</b>	
<b>Registered Person approving QIP</b>		<b>Date approved</b>	
<b>RQIA Inspector assessing response</b>		<b>Date approved</b>	

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)