



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 30 January 2020



## Naroon House

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

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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 registered residential care home which provides care for up to 12 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individuals:</b> Margaret Kelly Mary Kelly - Registration pending	<b>Registered Manager and date registered:</b> Mary Kelly 28 August 2015
<b>Person in charge at the time of inspection:</b> Mary Kelly	<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>Total number of residents in the residential care home on the day of this inspection:</b> 12

### 4.0 Inspection summary

An unannounced care inspection took place on 30 January 2020 from 09.30 hours to 16.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 the culture and ethos in the home, the dining experience, audits and training.

Areas requiring improvement were identified in relation to risk assessments, the duty rota record, display of the daily menu and completion of the monthly quality monitoring report.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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>	*5	*7

\*The total number of areas for improvement includes four regulations which have been carried forward to the next inspection, one standard which have been stated for a second time and three standards which have been carried forward to the next inspection.

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.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 20 January to 10 February 2020
- a sample of staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records

- a sample of governance audits
- a sample of minutes from staff meetings
- a sample of accident/incident records from August 2019 to January 2020
- a sample of monthly quality monitoring reports from August to December 2019
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 7 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.8 <b>Stated:</b> First 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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the record of staff meetings showed that they were not taking place at least quarterly and the actions from the discussions were not included in the minutes.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered person shall ensure that the accident and incident recording book is reinstated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An accident/incident book was available to staff. Staff were aware of the need to use this record book if an incident/accident occurred in the home. There had been no accidents/incidents in the home since the last care inspection.	

<b>Areas for improvement from the last medicines management inspection</b>		
<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 30 <b>Stated:</b> First time	The registered person shall review and revise the management of self-administered medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the record of management of self-administered medication confirmed that this had been reviewed and revised.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that updates on the personal medication record are recorded appropriately and verified and signed by two trained staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the personal medication records confirmed that updates were recorded appropriately, verified and signed by two staff.	

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</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>Carried forward to the next care inspection</b>
	This relates to staff not using their personal store loyalty cards when making purchases on behalf of residents.	
	<b>Action required to ensure compliance with this regulation 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></p> <p>Ref: Regulation 22 (3)</p> <p>Stated: 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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: 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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: 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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 15.12</p> <p>Stated: 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> <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>	<p><b>Carried forward to the next care inspection</b></p>

<p><b>Area for improvement 2</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 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>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <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>	<p><b>Carried forward to the next care inspection</b></p>

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On the day of inspection the home was warm, well decorated, free from malodours and homely. Residents were relaxed and comfortable and told us that staff were good to them and had time to listen to them.

We saw that residents' bedrooms were well decorated, clean, tidy and personalised with their own furniture and memorabilia. Corridors and fire exits were free from clutter and equipment.



The planned staffing levels were confirmed by the manager as being achieved and meeting the needs of residents. Staff also told us the staffing levels were met every day and this was also confirmed on review of the staff duty rota from 20 January to 10 February 2020. The staff rota did not identify in what capacity the staff were working on a daily basis. This was highlighted to the manager and an area for improvement was made.

Staff spoken with said they had time to care for residents and had received training in the skills they needed to provide care. This was also confirmed from a review of the training records.

We saw staff attend to residents’ needs and assist them in a timely and caring manner. Staff were observed assisting residents, when they required this, during the mid-morning snack and lunchtime meal.

Staff were aware of their roles and responsibilities and had a good knowledge of residents’ individual needs. They were able to describe how to assess the risk of falls and the action to prevent and manage falls in the home.

Staff also confirmed that they were aware of the action to take if they had any concerns about residents or the care they received.

A review of three residents care plans found these to be well documented and clear. However, risk assessments were not in place for the risk of chest infection for one resident and unstable blood sugars. This was discussed with the manager and area for improvement was made.

**Areas for improvement**

The following areas were identified for improvement in relation to the duty rota record and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We observed residents receiving the right care from staff who were familiar with their individual needs, preference and wishes.

Residents on a modified or diabetic diet were observed to be provided with the correct meal. Information was available on residents’ meal requirements and staff were knowledgeable about the importance of ensuring residents’ were provided with the correct food.

Staff were observed recording residents’ weight in their care records. Staff told us they would contact the GP if they had any concerns about residents’ weight. The records reviewed showed that staff took the appropriate action when this was required.

Care records reviewed evidenced that records were updated regularly and recorded any change in residents care needs or condition.

Discussion with staff and visitors confirmed that when necessary other healthcare professionals including the GP and district nurse were contacted.

Staff and the manager communicated well with each other regarding residents’ needs and were observed to work well as a team to ensure residents were given the most appropriate care.

**Areas for improvement**

No areas for improvement were identified in this domain.

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

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

There was a relaxed and calm atmosphere in the home throughout the day of inspection. Residents we spoke with told us they were well looked after and staff listened to them.

We reviewed lovely examples of compliments received by the home:

- “Thank you so much for all your care and support for dad.”
- “You made me feel very welcome.”
- “You made mum feel comfortable and secure.”

We saw that residents were treated with dignity and respect throughout the day with staff asking about their preferences and wishes while providing snacks and meals.

During the lunch time meal residents were consulted about their choice of meal and drink. They were also consulted about portion size and if they wanted any condiments. Residents who did not want the lunch time meal were provided with an alternative of their preference. There was no daily menu displayed to tell residents what was planned for lunch. An area for improvement was made.

Staff and residents were observed to be relaxed in each other’s company while they chatted about daily life and plans for the day. Resident and relatives told us:

- “This is a very safe place.”
- “Staff are quick to act if mum deteriorates.”
- “I just know I can rely on them (staff).”

A board displaying the planned activities for the home was displayed to assist residents with deciding what they wanted to take part in during the day. This included a choice of arts and craft, bingo and reminiscence therapy.

A total of seven resident/relative questionnaires were returned following the inspection. All seven indicated that they were very satisfied with the care provided.

## Areas for improvement

The following area was identified for improvement in relation to displaying of the daily menu.

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

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There had been no change in the management arrangements of the home since the last inspection.

Staff and the manager were seen to work well together discussing residents' care and daily activities within the home. Staff were observed to be relaxed in the manager's company and they worked well as a team. Staff told us:

"I feel I can bring any concerns to the manager."

"The manager is really supportive."

We saw that audits were completed regularly and the manager addressed any actions identified during the audit in a timely manner.

A review of the records of accidents and incidents in the home evidenced that these were reported appropriately to RQIA.

We reviewed the monthly quality monitoring reports from September to December 2019 and found that no report had been completed for November. These reports also required actions to be followed up and in a timely manner. This was discussed with the manager and an area for improvement was made.

In addition to speaking with staff we also invited staff to provide comments via an on-line questionnaire. No comments were received.

## Areas for improvement

The following area was identified for improvement in relation to completion of the monthly quality monitoring reports.

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

## **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 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.

## **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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that the monthly monitoring reports are completed and that actions are followed up in a timely manner.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> I had been carrying out quality monthly monitoring reports but it was an oversight not having november 2019 report completed. All reports have been completed since.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2018</p>	<p>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.</p> <p>This relates to staff not using their personal store loyalty cards when making purchases on behalf of residents.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 22 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</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>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</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>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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><b>To be completed by:</b> 12 November 2018</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>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2020</p>	<p>The registered person shall ensure the staff rota reflects what capacity staff are working over a 24 hour period.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The staff rota now identifies the staff job title and what they are working on a daily basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>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.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The resident who had a chest infection at the time of the inspection sadly passed away peacefully on Monday 9<sup>th</sup> March 2020. We have now put in place a risk assessment for our one resident who is type one diabetic.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>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.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> We have purchased a new menu board and it is displayed in our dining room (for residents and their representatives to view), detailing what is available daily at lunchtime and for evening tea.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 June 2019</p>	<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: 6.5</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><b>To be completed by:</b> 31 October 2018 and at least quarterly thereafter</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>Ref: 6.1</p> <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>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 7.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2018</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>Ref: 6.1</p> <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>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>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.</p> <p>Ref: 6.1</p> <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>

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



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