



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	18064
Establishment ID No:	1330
Name of Establishment:	Naroon House Residential Care Home, Crumlin
Date of Inspection:	26 June 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Naroon House Residential Care Home
Address:	1 Ballyquillan Road Crumlin BT29 4DD
Telephone Number:	028 94 45 22 04
Registered Responsible Person:	Mrs. Margaret Kelly
Registered Manager:	Mrs. Margaret Kelly
Person in Charge of the Home at the time of Inspection:	Mrs. Margaret Kelly, Registered Manager
Other person(s) present during inspection:	Ms. Mary Kelly, Deputy Manager
Type of establishment:	Residential Care Home
Categories of Care:	RC-I ,RC-LD ,RC-LD(E) ,RC-MP ,RC-MP(E)
Conditions of Registration:	N/A
Number of Residents:	12
Date and time of inspection:	26 June 2014 (10:30am – 1:00pm.)
Date of previous Estates inspection:	4 August 2011
Name of Inspector:	K. Monaghan

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussions with Mrs. Margaret Kelly, Registered Manager and Ms. Mary Kelly, Deputy Manager
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Margaret Kelly, Registered Manager and Ms. Mary Kelly, Deputy Manager.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous Estates inspection:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Naroon House is a private residential care home accommodating residents within the mental health and / or learning disability categories of care including older persons. The majority of residents have previously lived in Holywell Hospital. The home is situated several miles outside Crumlin village and is close to the airport and Antrim town. The home is also on a main bus route, making it accessible to Belfast, Antrim, Ballymena and Lisburn.

Registration was first granted in 1985. The premises being used for the purposes of the residential care home comprise a large detached house which has been adapted for the current use. The grounds are spacious and very well kept. Parking facilities are provided at the front and rear of the property.

There are two spacious lounges, a dining room, a kitchen, two double bedrooms one of which has an ensuite shower room and a separate resident's toilet on the ground floor.

On the first floor there is one bedroom which accommodates three residents, three double bedrooms and three single bedrooms. There is also a shower room on the first floor with a toilet and a wash basin.

There is an annex building beside the home. This annex building was not included in this Estates inspection.

8.0 SUMMARY

Following this Estates Inspection of Naroon House Residential Care Home in Crumlin on 26 June 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in eight requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Margaret Kelly, Registered Manager and Ms. Mary Kelly, Deputy Manager, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 4 August 2011:

- 9.1.1 The previous Estates inspection to this home was carried out on 4 August 2011. The following should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection to the home that was carried out on 4 August 2011:
- 9.1.2 The fixed wiring installation was inspected and tested in September 2009. The report for this inspection and test confirmed that the overall condition of the installation was satisfactory. This report also identified three issues for attention. Ms. Kelly confirmed that arrangements were being made to have the fire alarm, emergency lights and resident's call system inspected and tested in June 2014 and the three issues included in the fixed wiring report would be reviewed with the engineer during these inspections. The outcome of this review should be confirmed to RQIA. Reference should be made to item 2 in the Quality Improvement Plan.
- 9.1.3 Thermostatic mixing valves had been fitted to control the water temperatures at the hot water outlets accessible to residents. In addition to these controls the water temperatures at all of the water outlets accessible to residents should be checked and recorded on a regular basis. In this regard it was recommended that the temperatures at the showers should be checked and recorded each month. The unblended hot water and cold water temperatures at the sentinel outlets should also be checked and recorded each month as part of the legionella bacteria controls. Reference should be made to item 3 in the Quality Improvement Plan.
- 9.1.4 A log for recording the weekly visits to the Northern Ireland Adverse Incidents website to check the Safety Alert Broadcasts was presented for review during this Estates inspection. This log should include a list (including the reference numbers) of the Safety Alert Broadcasts reviewed at each visit to the website and the action taken re same. Reference should be made to the information and guidance available on the 'Registration and Inspection/Medical Device Equipment Alerts (MDEA's)' section on the RQIA website in relation to this issue. Reference should be made to item 4 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 4 August 2011 continued:

- 9.1.5 The procedure for carrying out the in-house checks to the emergency lights should be updated to include a function check for each fitting each month. Advice should be sought from the electrical engineer. Reference should also be made to BS 5266. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.1.6 The above issues where appropriate are detailed in the relevant sections of the attached Quality Improvement Plan.

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 It is good to report that the premises were in good order, clean and odour free. The home was well presented and offered comfortable accommodation for the residents. This is to be commended. One issue was identified for attention in relation to this standard during this Estates inspection as follows:
- 9.2.2 The radiator in the ensuite facility for the ground floor bedroom should be repainted. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The above issue is detailed in the section of the Quality Improvement entitled 'Standard 27 – Premises and Grounds.

9.3 **Standard 28 – Safe and healthy working practices** – *The home is maintained in a safe manner*

- 9.3.1 The heating boiler was serviced on 17 April 2014. The details for the most recent service of the cooker were not presented for review during this Estates inspection. These details should be confirmed to RQIA. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.2 Current safety reports for the gas fires were not presented for review during this Estates inspection. Ms. Kelly confirmed that these gas fires were not now used. Annual gas safety checks by a 'Gas Safe Engineer' should be carried out to these gas fires. Alternatively the gas fires could be decommissioned by a 'Gas Safe Engineer' as they are no longer used in the home. Reference should be made to item 5 in the Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.3 **Standard 28 – Safe and healthy working practices continued**

9.3.3 The water systems were cleaned and disinfected on 02 June 2014. In addition to this work, the risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. The controls in place in relation to this issue should include a quarterly disinfection of the showers, monthly temperature checks to the sentinel hot and cold water outlets and six monthly inspections of the water storage tanks. Advice should be sought from a person with expertise in this specific area of health and safety. In addition the maintenance requirements for the thermostatic mixers should be reviewed and clarified. A check should also be made to ensure that the thermostatic mixers are DO8 Type 3 fail-safe. Reference should be made to item 6 in the Quality Improvement Plan.

9.3.4 The above issues are detailed in the section of the attached quality improvement plan entitled 'Standard 28 - Safe and healthy working practices'.

9.4 **Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

9.4.1 Ms. Kelly confirmed that a new fire alarm control panel and new fire detectors had recently been installed throughout the premises. In addition other fire safety improvements such as upgrading the fire sub-compartmentation of the roof voids had also be carried out as advised by the fire risk assessor for the home. Ms. Kelly also confirmed that arrangements were being made to have the fire alarm and the emergency inspected and tested in June 2014.

9.4.2 A fire risk assessment was carried out on 02 December 2013 by a person certified by a third party UKAS accredited certification body. The next fire drill and six monthly fire training session for all staff was now due. Confirmation of completion of the fire drill and fire training for all staff should be provided to RQIA. Reference should be made to item 8 in the Quality Improvement Plan
Quality Improvement Plan

9.4.3 The above issue is detailed in the section of the attached quality improvement plan entitled 'Standard 29 – Fire Safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Margaret Kelly, Registered Manager and Ms. Mary Kelly, Deputy Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The returned quality improvement plan for this service is not currently available. However, it is anticipated that it will be available soon. If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan Sign Off Sheet for Estates Inspectors

Name of Home	Naroon House Residential Care Home, Crumlin RQIA ID 1330
Date of Inspection	26 June 2014
Estates Inspector	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	17 October 2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mrs. Margaret Kelly, Registered Manager and Ms. Mary Kelly, Deputy Manager, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Margaret M Kelly</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Mary Kelly</i>

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(d)	The radiator in the ensuite facility for the ground floor bedroom should be repainted. Reference should be made to paragraph 9.2.2 in the Report.	1 Month	The radiator in bedroom 6 ensuite has been repainted.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 14(2)(a) 14(2)(c) 27(2)(q)	The outcome of the review in relation to the three issues identified in the report for the inspection and test to the fixed wiring installation that was completed in September 2009 should be confirmed to RQIA. Reference should be made to paragraph 9.1.2 in the Report.	1 Month	The Electrical contractor is completing the three issues identified in the fixed wiring installation and when this has been finished I will contact RQIA.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The water temperatures at all of the water outlets accessible to residents should be checked and recorded on a regular basis. The unblended hot water and cold water temperatures at the sentinel outlets should also be checked and recorded each month as part of the legionella bacteria controls. Reference should be made to paragraph 9.1.3 in the Report.	Ongoing	<p>The water temperatures have always been checked and recorded on a regular basis for several years. Now we will include the unblended hot water and cold water temperatures at the sentinel outlets and these will be checked and recorded monthly as part of the legionella bacteria controls.</p>

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The log for recording the weekly visits to the Northern Ireland Adverse Incidents website to check the Safety Alert Broadcasts should include a list (including the reference numbers) of the Safety Alert Broadcasts reviewed at each visit to the website and the action taken re same. Reference should be made to the information and guidance available on the 'Registration and Inspection/Medical Device Equipment Alerts (MDEA's)' section on the RQIA website in relation to this issue. . Reference should be made to paragraph 9.1.4 in the Report.	Ongoing	We had a book for keeping a log of weekly checks on the NIAIC website for medical device / equipment alerts relevant to Naroon House but it didn't include reference numbers. We have now included reference numbers.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(c)	The details for the most recent service of the cooker should be confirmed to RQIA. Annual gas safety checks by a 'Gas Safe Engineer' should be carried out to these gas fires. Alternatively the gas fires could be decommissioned by a 'Gas Safe Engineer' as they are no longer used in the home. Reference should be made to paragraphs 9.3.1 and 9.3.2 in the Report.	1 Month	<i>I will confirm most recent service to RQIA. We are also getting our Gas fires decommissioned by a Gas Safe Engineer as they are no longer used in the home.</i>

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The risk assessment for the prevention or control of legionella bacteria in the water systems should be reviewed, updated and actioned as required. The controls in place in relation to this issue should include a quarterly disinfection of the showers, monthly temperature checks to the sentinel hot and cold water outlets and six monthly inspections of the water storage tanks. Advice should be sought from a person with expertise in this specific area of health and safety. In addition the maintenance requirements for the thermostatic mixers should be reviewed and clarified. A check should also be made to ensure that the thermostatic mixers are DO8 Type 3 fail-safe. Reference should be made to paragraph 9.3.3 in the Report.	1 Month & Ongoing	We have reviewed and updated our risk assessment for the prevention or control of legionella. We have been carrying out quarterly disinfection of the showers and now we will carry out monthly temperature checks to the sentinel hot and cold water outlets and six monthly inspections of the water storage tanks. I have also asked our plumber to ensure that the thermostatic mixers are DO8

Type 3 fail-safe.

Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 28 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7.	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(iv)	The procedure for carrying out the in-house checks to the emergency lights should be updated to include a function check for each fitting each month. Advice should be sought from the electrical engineer. Reference should also be made to BS 5266. Reference should be made to paragraphs 9.1.5 in the Report. .	1 Month	<i>We have now included a monthly function check for each fitting .</i>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
8.	Regulations 27(4)(b) 27(4)(e) 27(4)(f)	Confirmation of completion of the fire drill and fire training for all staff should be provided to RQIA. Reference should be made to paragraph 9.4.2 in the Report.	1 Month	<i>A fire drill and lecture will take place in September 2014.</i>