

Inspection Report

Name of Service: El Shammah

Provider: Amstecos Limited

Date of Inspection: 17 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Amstecos Limited
Responsible Individual:	Mrs Emer Bevan
Registered Manager:	Mr Adrian McCready Date registered: 09 September 2014
Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 35 residents. The home is divided over three floors. Resident's have access to communal lounges, dining area, hair dressing room and seating outside.	

2.0 Inspection summary

An unannounced care inspection took place on 17 November 2024, from 9.15 am to 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 13 December 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement from the previous care inspection on 13 December 2023 were assessed as having been addressed by the provider. Three areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. Full details, including one new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are great, they can't do enough for me", "staff always come when I need them" and "the staff are caring and I am happy living here".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Five questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, staff were quick at responding to one resident who was unwell during the inspection. Staff communicated effectively together as a team and demonstrated good decision making when requesting assistance from emergency services. Staff, including the manager demonstrated their skills and values when providing the resident with reassurance in a calm and supportive way. This should be commended.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community.

Observation of the planned activity, which was armchair games before lunch, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Care staff recorded regular evaluations about the delivery of care. Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was noted that there were items of furniture and equipment being stored in one bathroom on the ground floor and underneath the stairwell on the ground floor. This was brought to the attention of the manager who quickly arranged for these items to be moved and stored appropriately. This will be reviewed at a future inspection.

A review of bathrooms across the home identified that toilet rolls were being stored on top of cisterns and in one residents en suite, toiletries had also been stored on top of the cistern, presenting an infection prevention and control risk. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Adrian McCready has been the Registered Manager in this home since 9 September 2014.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* the total number of areas for improvement includes one regulation and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Adrian McCready, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that there are robust systems in place to manage medicines for new residents or residents who return to the home after a hospital stay. Ref: 2.0
To be completed by: Immediate and ongoing from date of inspection (8 September 2022)	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30.8 Stated: First time To be completed by: 8 October 2022	The responsible person shall ensure that there are robust audit systems in place which cover all aspects of medicines management. Ref: 2.0
	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 31.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection (8 September 2022)	The registered person shall ensure that the controlled drug record book is accurately maintained. Ref: 2.0
	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 3 Ref: Standard 35 Stated: First time To be completed by: 17 November 2024	The Registered Person shall ensure that staff are aware of their role and responsibilities in identifying infection control concerns throughout the home and take measures to reduce and report any concerns identified. This area for improvement is made with specific reference to ensuring toilet cisterns are kept clear of any items. Ref: 3.3.4
	Response by registered person detailing the actions taken: Housekeepers and care staff have been reminded not to place any items on toilet cisterns, and to check daily that items have not been placed on toilet cisterns by service users. Signs have also been displayed in each en-suite and communal toilet, asking staff and service users not to place any items on toilets cisterns.

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