



The **Regulation** and
Quality Improvement
Authority

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Lisburn
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Unannounced Care Inspection
of
EI Shammah

1 March 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

1. Summary of inspection

An unannounced care inspection took place on 1 March 2016 from 10.15 to 15.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. A requirement was made in regard to fire safety issues. A recommendation was made in regard to infection prevention and control matters.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, 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
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Adrian McCready, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Amstecos Ltd	Registered Manager: Mr Adrian McCready
Person in charge of the home at the time of inspection: Adrian McCready	Date manager registered: 09 April 2014
Categories of care: RC-I, RC-PH, RC-PH(E), RC-TI, RC-DE, RC-A, RC-MP(E)	Number of registered places: 35
Number of residents accommodated on day of inspection: 32	Weekly tariff at time of inspection: £500 - £528

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, the returned QIP and the notifications of accidents and incidents.

We met with 23 residents, three members of the care staff, two members of catering staff and the registered manager.

We inspected the following records: four care records, accident /incident reports, registered provider visits, fire safety records, record of the residents' meetings, the annual quality review report and complaints/compliments records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 24 September 2015. The completed QIP was returned and was approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 4 August 2016

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30 (1) (d)	The registered person must inform the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Met
	Action taken as confirmed during the inspection: In our inspection of the record of accidents and incidents we confirmed that these were appropriately managed and reported.	

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.5	The registered person should ensure that further opportunities, to discuss end of life care, are created by the care staff. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.	Met
	Action taken as confirmed during the inspection: In our inspection of four care records we confirmed that care plans referenced spiritual or cultural needs and end of life care was considered. This was appropriately signed by the resident or their representative.	

5.3 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 were 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. Many examples of this were noted in regard to meal provision.

The registered manager confirmed that the last residents' meeting was convened on 3 December 2015. The residents' views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection. In addition to this, a record was maintained of the residents' signatures in attendance at the meeting.

The four 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. Care records were person centred, current and comprehensive. This is to be commended.

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 the registered provider monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

The registered manager shared with us the annual quality review report dated 2014 - 2015. This reflected the views of residents in regard to a range of issues including staffing levels, visiting arrangements and services provided within the home.

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 to and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values into their practice with residents. This included asking residents what they want to wear each day and seeking their preferences at meal-times.

In our discreet 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 areas for improvement identified within the standard inspected. This standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with 23 residents. We observed residents relaxing in their bedrooms and the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible.

Residents stated that they were offered a choice of meals. Residents commented that the staff were very attentive and helpful. Residents were satisfied with the staffing arrangements. Some comments made were:

- "We are all well looked after."
- "The staff are very good. The staff are helpful. The food is very good, more like home food, and they care for you individually."

5.4.2 Relatives views

We spoke with one relative. This relative commented positively on all the care provided for their relative. They advised us that the staff had worked hard to ensure weight gain and improved mobility for their relative within a short period of time.

5.4.3 Staff views

We spoke with three members of the care staff, two members of the catering staff and the registered manager. The staff advised us that they felt supported in their role. The staff related that they had been provided with the relevant resources to undertake their duties and demonstrated that they were knowledgeable of the needs of individual residents. Induction and training were completed. The staff commented that staffing levels were good.

The staff stated that they felt supported by management and advised that they were very approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “We do work as a team. I work on my gut instinct and if there is something wrong, I act on it. We all act quickly to ensure everyone’s best interests.”
- “I enjoy coming to work every day. I love working with the residents. This is a pleasant lovely atmosphere, where residents and staff get on well.”

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

We identified a bin within the main downstairs bathroom which was rusted and a tip which was absent from the pull cord. We also observed a damp area on the ceiling in an upstairs bathroom. We made a recommendation to ensure these issues are addressed.

We noted that there were CCTV cameras in the home. We discussed this with registered manager who confirmed that they were not operational within the home.

5.4.5 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.

5.4.6 Fire safety

We confirmed that the home’s most recent fire safety risk assessment was dated 28 January 2015. We made a requirement to ensure this is updated on an annual basis. We reviewed the fire safety records and confirmed that fire safety training was undertaken twice yearly in May and December 2015.

We observed doors wedged open during the inspection. We made a requirement to address this practice. During the inspection we observed carpet stored in a main stairwell; following discussion with registered manager this issue was addressed.

We noted that a fire extinguisher was missing from an upstairs office. This matter was discussed with the registered manager and resolved during the inspection.

5.4.7 Accidents/incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. For the purpose of information the registered manager was referred to the revised RQIA guidance on the reporting of accidents and incidents.

5.4.8 Complaints/compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately. The home had received written compliments in regard to the care provided. Such compliments reflected dignified and compassionate care.

Areas for improvement

Two areas for improvement were identified within the additional areas inspected. A requirement was made to address fire safety issues. A recommendation was made to address issues regarding infection prevention and control.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Adrian McCready, Registered Manager. 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 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.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2016</p>	<p>The registered person must ensure that the following issues in regard to fire safety are addressed:</p> <ul style="list-style-type: none"> • Ensure that the fire safety risk assessment is updated annually • Address the practice of wedging fire doors open
	<p>Response by Registered Person(s) detailing the actions taken: A Fire Risk Assessor has been contacted in relation to updating the January 2015 fire risk assessment. This is scheduled to be completed within 21 days and confirmation of this will be forwarded to the RQIA when completed.</p> <p>A 'fire safety' company has been contacted and are to fit devices to the doors to the lounges and dining rooms to allow them to be kept open but to close automatically in the event of a fire. Until then staff have been advised that doors should not be wedged open.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2016</p>	<p>The registered person must ensure that the following areas of infection prevention and control are addressed:</p> <ul style="list-style-type: none"> • Address the rusted area on the identified bin • Replace the tip on the pull cord • Address the damp area in the identified bathroom
	<p>Response by Registered Person(s) detailing the actions taken: The identified bin has been replaced.</p> <p>A tip on the identified pull cord has been replaced.</p> <p>The area in the bathroom was found not to be damp. An outside contractor has been contacted in relation to painting this area and the RQIA will be informed when this has been completed.</p>

Registered Manager completing QIP	Adrian McCready	Date completed	29/03/16
Registered Person approving QIP	Emer Bevan	Date approved	29/03/16
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	31.3.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address