



The Regulation and
Quality Improvement
Authority

El Shammah
RQIA ID: 1601
2 North Circular Road
Lisburn
BT28 3AH

Inspector: Laura O'Hanlon
Inspection ID: IN22212

Tel: 02892660617
Email: elshammah@btconnect.com

**Unannounced Care Inspection
of
El Shammah**

4 August 2015

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 4 August 2015 from 10.30 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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 Mc Cready, 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 Mc Cready
Person in Charge of the Home at the Time of Inspection: Adrian Mc Cready	Date Manager Registered: 9/9/2014
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: 26	Weekly Tariff at Time of Inspection: £500 - £520

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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection, returned complaints information and notifications of incidents and accidents.

We met with 18 residents, four care staff and the registered manager.

We inspected the following records: five care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to continence management and death and dying.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 30 June 2015. This report was issued to the home on 20 July 2015.

Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.3 & 10.5	The registered person is recommended to ensure that care plans are signed by the resident's representative where appropriate.	Met
	Action taken as confirmed during the inspection: Five care plans were inspected. Four out of five care plans were appropriately signed.	
Recommendation 2 Ref 25.1 & 25.2	The registered person is recommended to review the current staffing levels in accordance with the RQIA minimum staffing guidance.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the staffing levels were reviewed. The registered manager advised that an additional member of care staff is on duty in the evening shift.	

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. The registered manager and staff shared their experiences of bereavement in the home.

The home had a spiritual ethos. Clergy and lay ministers visited the home throughout the week on a regular, planned basis. Such visits were consistently recorded within residents care records.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on palliative care and managing the death of a resident.

The registered manager and staff confirmed to us that the district nursing service attached to the home lead in the management of palliative care.

The registered manager confirmed that 16 care staff had undertaken training in this area of care. This training will be implemented for all care staff.

A recommendation was made to develop opportunities to discuss and record the wishes of the resident regarding any specific arrangements at the time of his or her death.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the registered manager they shared their recent experience of a death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

The registered manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner.

Areas for Improvement

One recommendation was made to develop opportunities to discuss and record the wishes of the resident regarding any specific arrangements at the time of his or her death.

Number of Requirements:	0	Number of Recommendations:	1
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5.3 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed five care records. We found that a needs assessment was completed and that care plans were in place. Specific care plans were in place in regard to continence management. Care plans were appropriately signed.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care. Staff were able to describe the process of referral for assessment to continence services.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be safe, effective and compassionate.

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 18 residents. We observed residents relaxing in 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. Some comments made were:

- “The food is good, everything is good.”
- “Generally the home is very good. The staff are good and the food is good.”
- “The girls are great, I have no problems.”
- “The carers are brilliant.”
- “I am quite happy to live here.”
- “The girls here are first class.”

5.4.2 Staff Views

We spoke with four care staff members in addition to the registered manager. Staff advised us that they felt well supported in their respective roles by the registered manager. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

- “The staff are treated fairly and with respect from both the manager and the owner of the home. The care given is adequate and family feedback is that ‘you are doing a good job’.”

- “Great staff team, we can depend on each other and work well together. I enjoy coming to my work.”
- “I am really happy here, the management is good and if we have any queries we can approach the manager.”

Ten staff questionnaires were distributed for return. No questionnaires were returned within the required timeframe.

5.4.3 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 an excellent standard.

5.4.4 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. We observed residents were well presented.

5.4.5 Accidents / Incident reports

We reviewed accidents and incidents records. We identified four incidents over a three month period where RQIA were not appropriately informed. A requirement was made to ensure that RQIA were informed of any event which adversely affects the care, health, welfare or safety of any resident.

5.4.6 Fire Safety

We confirmed that the home’s most recent fire safety risk assessment was undertaken on 28 January 2015. The registered manager confirmed that any recommendations were appropriately addressed.

We reviewed the fire safety records and could confirm that fire safety training was undertaken in May 2015. The registered manager confirmed that a fire drill took place in May 2015. This was also documented within fire safety records.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.4.7 Complaints/Compliments

Following an inspection of complaint records and in our discussion with the registered manager we confirmed that complaints had been managed appropriately.

Areas for Improvement

One requirement was made to ensure that RQIA were informed of any event which adversely affects the care, health, welfare or safety of any resident.

Number of Requirements	1	Number Recommendations:	0
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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 Mc Cready, registered manager. The timescales commence from the date of inspection.

The registered person 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 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, 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 within this report do not absolve the registered person/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 person/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 30 (1) (d)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of this inspection</p>	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: EI Shammah informs the RQIA of any accident or incident which adversely affects the care, health, welfare or safety of any resident. However, Management was not aware that the RQIA should be informed in the case of a resident being admitted to hospital which was not the result of an accident or incident. EI Shammah will now inform the RQIA of any hospital admissions from EI Shammah.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be Completed by: 5 November 2015</p>	<p>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'.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The Service User's contract issued to service users and their next of kin on admission, has a section in relation to the event of death which advises residents and their next of kin to inform EI Shammah of any instruction in the event of death and that in any case, the next of kin will be informed in the event of a death. Any instructions received are detailed in the resident's care plan and profile sheet. EI Shammah is not currently in receipt of any additional instructions from any resident or their next of kin. It will now be documented in the residents' care plans that no additional requests/instructions have been made in the event of their death and that their next of kin should be informed in the event of the relative's death.</p> <p>Further opportunities to discuss end of life care will be made as part of the resident's annual, Care Manager's review. During reviews, staff will now ask the resident and/or their next of kin if they have any wishes/instructions in relation to end of life care and any instruction will be documented in the resident's care plan. This will include religious, spiritual and cultural needs.</p>

Registered Manager Completing QIP	Adrian McCready	Date Completed	18/08/15
Registered Person Approving QIP	Emer Bevan	Date Approved	18/08/15

RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	4.9.15
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Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address