



The Regulation and
Quality Improvement
Authority

Announced Variation Inspection

Name of Service and ID: El Shammah (1601)
Date of Inspection: 5 February 2015
Inspector's Name: Laura O'Hanlon
Inspection ID: IN021156

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of Service:	El Shammah
Address:	2 North Circular Road Lisburn BT28 3AH
Telephone number:	028 9266 0617
E mail address:	elshammah@btconnect.com
Registered Organisation/ Registered Provider:	Amstecos Ltd Mrs Emer Bevan
Registered Manager:	Mr Adrian McCready
Person in charge of the home at the time of inspection:	Mr Adrian McCready
Categories of care:	RC-I ,RC-PH ,RC-PH(E) ,RC-TI, RC-DE, RC-A, RC-MP (E)
Number of registered places:	24
Number of residents accommodated on Day of Inspection:	16
Scale of charges (per week):	£461 with additional top up of £30-£45
Date and type of previous inspection:	24 September 2014 Primary Announced
Date and time of inspection:	5 February 2015 11am – 1pm
Name of Inspector:	Laura O'Hanlon

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. A minimum of two inspections per year is required.

3.0 Purpose of variation inspection

The purpose of this inspection was to consider whether the extension of 11 bedrooms to the home was appropriately completed in readiness for registration with RQIA.

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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (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:

- Discussion with the registered manager
- Examination of records
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to establish the readiness of the home to increase the number of residents following the addition of 11 rooms on the third floor.

6.0 Profile of service

EI Shammah is situated in a quiet, residential area of Lisburn in County Antrim convenient to Lisburn town centre and to all local amenities. The home enjoys close proximity to Wallace Park which provides a pleasant view and can be used for residents who wish to take a walk there.

Mrs Emer Bevan is the Registered Provider and the Registered Manager is Mr Adrian McCready.

EI Shammah is registered for 24 residents in categories as detailed below.

The home consists of two large communal lounges on the ground floor and a large conservatory located off the dining room. In addition to this there is also a smaller lounge on the first floor of the home and a hairdressing room. There are several small quiet seated areas throughout.

An additional 11 bedrooms have been added to the third floor, all with en suite facilities. The third floor also consists of a small office facility, multiple storage areas, bathroom areas and a new lift has been installed. A high standard of furnishing and décor is maintained throughout the building.

There is adequate car parking available for visitors and this has been resurfaced. Access to the home is controlled via a key-pad and buzzer system.

The home is currently registered to provide care for a maximum of 24 persons under the following categories of care:

Residential care

RC-I – Old age not falling within any other category.

RC-PH – Physical disability other than sensory impairment.

RC-PH(E) - Physical disability other than sensory impairment – over 65 years.

RC-TI – Terminally ill.

RC-DE - Dementia

RC-A – Past or present alcohol dependence.

RC-MP (E) – Mental disorder excluding learning disability or dementia – over 65 years.

7.0 Summary of inspection

This announced variation inspection of El Shammah was undertaken by Laura O'Hanlon on 05 February 2015 between the hours of 11.00 am and 1pm. Mr Adrian McCready was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, reviewed a selection of records and carried out a general inspection of the home.

The Statement of Purpose and Residents Guide reflected the environmental changes made to the home.

Discussion and review of a duty roster during the inspection confirmed that arrangements for adequate staffing are in place to meet resident need.

The inspector undertook an inspection of the premises, which was observed to have been finished to a high standard, including, furnishing and décor. Bedrooms were tastefully decorated and will provide residents with comfortable personal space.

This inspection confirms that El Shammah has been approved for this variation pending completion of any outstanding estates issues. No requirements or recommendations have been made following this inspection.

The inspector would like to thank Mr Adrian McCready and staff for their assistance and co-operation throughout the inspection process.

8.0 Inspection Findings

8.1 Statement of Purpose Regulation 3 (1) (a) (b) (c) (2) (Schedule 1)

The establishment's Statement of Purpose has been reviewed to include the increase in the number rooms and outlines the range of services provided in accordance with Regulation 3 (1) of The Residential Homes Regulations (Northern Ireland) 2005.

8.2 Residents' Guide Regulation 4 (1) (a) (b) (c) (d) (e) (3)

The establishment's Residents Guide has been reviewed to include the increase in the number rooms and outlines the range of services provided in accordance with DHSSPS Residential Care Homes Minimum Standards (2011) and Regulation 4(1) (b) and 5 (1) (b) of the Residential Homes Regulations (Northern Ireland) 2005.

8.3 The Environment

Discussion with the registered manager confirmed that an estates inspection has been completed. Areas identified for improvement are in the process of being actioned.

The areas of the environment viewed during the inspection presented as clean, organised, adequately heated and fresh smelling throughout. The décor and furnishings have been completed to a very high standard.

The sitting room downstairs has been redecorated and the registered manager confirmed that this will be used as a second dining area to avoid overcrowding in main dining area. The registered manager confirmed that all existing bedrooms with the exception of one have been redecorated. It is planned this will be undertaken within the next few weeks.

An inspection of the third floor found that this work has been completed to a high standard. The areas were clean. The resident's bedrooms were appropriately furnished. Discussion revealed that pictures were to be hung and that residents would be involved in personalising their own bedrooms. The registered manager advised that new bed linen and lampshades have been ordered. Discussion with the registered manager and examination of the laundry areas confirmed that an adequate supply of bed linens are available as required.

The en suite facilities were clean and hazard free. En suite facilities were fitted with cleansing products and the inspector was informed that towel rails will be wall mounted following delivery.

A small office facility has been completed and the inspector was informed that this will be used by staff on night duty. A small sluice area is also provided on the third floor.

All resident's rooms have been fitted with call bells and the inspector confirmed that these were in working order. An emergency call system is operational on the third floor as in other areas of the home. A new lift has been installed within the home.

8.4 Staffing

Regulation 20 (1) (2) (3) Standard 25 and guidance issued by RQIA.

Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

The staff duty roster was reviewed and discussion with the registered manager confirmed that staffing levels will be tailored to changing resident numbers during the admission process, with consideration of resident dependency and the environment.

Mr McCready confirmed that appropriate staffing levels will be maintained to ensure that the assessed needs of the residents will be met. Mr McCready advised that as a result of the previous inspection a third member of staff is now employed to work the afternoon shift. This new arrangement is to commence on 9 February 2015.

Mr McCready informed the inspector that the home has recently completed a recruitment drive and vetting procedures are underway. Mr McCready confirmed that staffing problems are not a persistent issue, however if required he would source agency staff.

8.5 Infection prevention and control

Standard 35: There is a managed environment that minimises the risk of infection for staff, residents and visitors.

It was confirmed that waste disposal bins to be provided in the home would be pedal operated and toilet roll holders will be fitted in toilets in the next few days. There was confirmation that personal protection equipment (PPE) will be supplied and accessible in all communal facilities.

8.6 Operational Issues

Mr McCready confirmed to the inspector that admissions to the home will be managed in a phased manner, so as to enable staff sufficient time to become familiar with newly admitted residents and plan care accordingly. A phased approach to admission will also afford new residents time to settle in and become accustomed to life in EI Shammah.

Mr McCready confirmed that he or a senior member of staff will complete a pre-admission assessment. It was confirmed by Mr McCready that the care plan will incorporate all information gathered and be developed in accordance with assessed need. The inspector was informed that the resident and/or their representative will be consulted and included in the care planning process.

It was confirmed by Mr McCready, that a range of risk assessments will be completed upon admission to ensure the residents suitability for the new unit.

No requirements and no recommendations were made as a result of this unannounced inspection.

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Quality Improvement Plan

The findings of this inspection were discussed with Mr Adrian McCready as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



No requirements or recommendations resulted from the **announced variation inspection** of **EI Shammah** which was undertaken on **05 February 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Emer Bevan

SIGNED: Adrian McCready

NAME: Emer Bevan
Registered Provider

NAME: Adrian McCready
Registered Manager

DATE 16/02/15

DATE 16/02/15

Approved by:	Date
Laura O'Hanlon	20 March 2015