

Unannounced Care Inspection Report 7 September 2016



El Shammah

Type of service: Residential Care Home
Address: 2 North Circular Road, Lisburn, BT28 3AH
Tel No: 028 9266 0617
Inspector: Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of El Shammah took place on 7 September 2016 from 10.30 to 15.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control, risk management and the home's environment.

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

One area for improvement was identified. A recommendation was made to liaise with Trust care managers to ensure that annual care reviews are undertaken for residents.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Adrian McCready, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 1 March 2016.

2.0 Service details

Registered organisation/registered person: Amstecos Ltd	Registered manager: Adrian McCready
Person in charge of the home at the time of inspection: Adrian McCready	Date manager registered: 9 October 2014
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years TI – Terminal Illness A – Past or present alcohol dependency	Number of registered places: 35

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with 23 residents, one member of the catering staff, one care assistant, one senior care assistant and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Two staff competency and capability assessments
- Staff training records
- One staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident and notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 23 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 29 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 March 2016

Last care inspection statutory requirements		Validation of compliance
<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>Action taken as confirmed during the inspection:</p> <p>An inspection of fire safety records confirmed that the fire safety risk assessment dated 28 January 2015 was reviewed in April 2016 by an accredited assessor.</p> <p>An inspection of the environment confirmed that there were no fire doors wedged open during the inspection.</p>	Met
Last care inspection recommendations		Validation of compliance
<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>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment confirmed that</p> <ul style="list-style-type: none"> • The identified rusted bin was replaced • The tip on the pull cord was in place • There were no damp areas identified in the bathrooms. 	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' and staff.

On the day of inspection the following staff were on duty:

- one member of catering staff
- two domestic staff

- three care staff
- the registered manager.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was available for inspection. The registered manager confirmed that annual staff appraisals and staff supervision was maintained on an up to date basis.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a two staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Discussion with the registered manager and staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathroom areas.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place. Written confirmation was provided by the registered manager to confirm that this fire risk assessment was reviewed by an accredited assessor in April 2016. All recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was last completed on 31 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a weekly basis and were regularly maintained.

Areas for improvement

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and a regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

An inspection of the three care records identified that care management reviews were not undertaken on an annual basis. A recommendation was made that the registered manager should liaise with the trust care manager to ensure care management reviews are completed on an annual basis.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and/or their representative meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

One area for improvement was identified. A recommendation was made that the registered manager should liaise with the trust care manager to ensure care management reviews are completed on an annual basis.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Care plans were in place to ensure the spiritual needs of the residents were met. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection hair and beauty therapy was underway for all of the residents. Arrangements were in place for residents to maintain links with their friends, families and wider community. Family members are welcome to visit the home at any time.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, residents’ meetings and the monthly monitoring visits.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

The inspector met with 23 residents during the inspection. All of the residents spoke on a positive basis about the provision of care, the kindness and support received from staff and in particular the provision of meals. Some of the comments made included:

- “I have no complaints.”
- “The food is good.”
- “I am very happy”
- “There are two people who work in the kitchen and they are like magic; the food is really lovely.”
- This is one of the best homes; we are so well looked after.”
- “The staff are very kind and helpful.”
- “The staff in the kitchen cook buns and cakes for all of our birthdays.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were reviewed annually.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that he had understanding of his role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring visits.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Adrian Mc Cready, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 7 December 2016</p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion.</p> <p>Response by registered provider detailing the actions taken: The registered person will review the safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2016</p>	<p>The registered provider should ensure that the registered manager liaises with the trust care manager to organise the completion of outstanding care management reviews.</p> <p>Response by registered provider detailing the actions taken: The registered manager, will liaise with the trust's care managers, to organise or complete any outstanding care reviews.</p>

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