

Unannounced Care Inspection Report 11 December 2020



El Shammah

Type of Service: Residential Care Home
Address: 2 North Circular Road, Lisburn, BT28 3AH
Tel No: 028 9266 0617
Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 35 residents.

3.0 Service details

Organisation/Registered Provider: Amstecos Limited Responsible Individual: Emer Bevan	Registered Manager and date registered: Adrian McCready - 09 September 2014
Person in charge at the time of inspection: Adrian McCready	Number of registered places: 35
Categories of care: Residential Care (RC) 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 A – Past or present alcohol dependence. TI – Terminally ill.	Number of residents accommodated in the residential home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 11 December 2020 from 08.30 to 14.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between residents staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- the environment
- care delivery

- care records
- dining experience
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Adrian McCready, registered manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 residents and eight staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from 6 December to 26 December 2020
- three care records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the home's certificate of registration.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection dated 17 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2019. There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 6 to 26 December 2020 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance in a timely manner.

Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of residents. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “It has been a very difficult time but we all pulled together with great support from our manager.”
- “We have been kept up to date with any changes during this pandemic.”
- “I am very content and happy working here.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all residents and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed

and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

6.2.3 Care Environment

Residents spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual residents.

6.2.4 Care delivery

We observed staff practice in the home and saw that interactions with residents' were warm and kind. Staff showed good knowledge and understanding of residents' individual needs. Residents' were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some residents were observed relaxing in their bedrooms while others were in communal sitting rooms. Residents appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for residents who were in their bedrooms.

Comments received from residents included:

- "I was in a care home in England. You just couldn't compare, this is so different. I really feel that I am being cared for here."
- "This is a great place but wouldn't it be far better if this virus was away, miserable time so it is."
- "This is genuine from me. The staff here would do anything for you. Boy, are we looked after. The manager is not aloof or anything like that. You can have a great talk with him."

6.2.5 Care records

Three care records were reviewed; these had been completed upon residents' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records which we found to be both detailed and informative. We viewed the care records for identified residents in relation to glaucoma, nutrition and diabetes. The care records included all relevant information and evidenced regular review and evaluation.

6.2.6 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the Covid-19 pandemic and the dining arrangements were subject to ongoing review.

A number of residents made their way to the large dining room for lunch; others were provided with lunch in their bedrooms or the lounge areas. A review of the menu choices evidenced

residents were given a choice at each mealtime; this included residents who required a modified diet.

Feedback from residents indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. Staff were observed providing drinks and snacks to residents at intervals throughout the day.

6.2.7 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed that he felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends.

We reviewed a sample of monthly monitoring reports from January 2020 to November 2020. The monthly monitoring reports evidenced oversight had been maintained with regard to the running of the home. Actions plans were included within the reports.

We reviewed the minutes of staff meetings. We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the environment, management of notifiable events, adult safeguarding, falls management, team work, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The residents we spoke with all agreed that they are receiving good quality care at El Shammah. The staff were timely in responding to residents' individual needs, and the quality of their daily written reports is worthy of note. PPE was appropriately worn by staff throughout the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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