



# Unannounced Care Inspection Report

## 17 October 2019



## El Shammah

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

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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 registered residential care home which provides care for up to 35 residents under categories of care as shown within section 3.0 of this report.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Amstecos Limited</p> <p><b>Responsible Individual:</b> Emer Bevan</p>	<p><b>Registered Manager and date registered:</b> Adrian McCreedy 09 September 2014</p>
<p><b>Person in charge at the time of inspection:</b> Adrian McCreedy</p>	<p><b>Number of registered places:</b> 35 Include abbreviated categories with numbers if more than one category of care registered.</p> <p>RC - I RC – DE X 6 places RC – A RC- MP (E) RC – PH (E) RC - TI</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 32</p>

### 4.0 Inspection summary

An unannounced/announced inspection took place on 17 October 2019 from 10.20 hours to 15.00 hours. This inspection was undertaken by the care inspector.

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.

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

Evidence of good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	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

To prepare for this inspection we reviewed information held by RQIA about this home. This included; registration information, notifications' and previous quality improvement plan.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care

- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports from July to September 2019
- RQIA registration certificate
- Indemnity insurance
- menus

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met..

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 26 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The registered person shall ensure all staff receive appropriate safeguarding training.  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that this training had been provided.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered person shall ensure the mould/discolouration in the identified shower trays is eradicated  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the shower evidenced that the mould discolouration had been eradicated.	

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

All residents were observed to be up washed and dressed with obvious care and attention given to their personal care needs. Several residents sat within the lounges where they were quietly conversing or watching television. Other residents moved freely around the home, many with the aid of walking frames which were noted to be in good state of repair. Residents told us they had enjoyed breakfast and were looking forward to their mid- morning tea. Residents who spoke with us in the lounge said they were happy here and that the care was good. No issues or concerns were raised or indicated.

There was evidence in staffing records, from observations of practice and from discussions with staff, residents and the manager to verify that the home is staffed satisfactorily by suitably qualified, competent and experienced staff. Records were retained of staff working in the home each day, the capacity in which they worked and who was in charge of the home.

Review of the employment record of one care staff member appointed since the previous care inspection evidenced compliance with employment regulations.

Records of staff registration with the Northern Ireland Social Care Council (NISCC) were retained and monitored by the manager on a regular basis. Staff who spoke with us confirmed they were registered and demonstrated awareness of keeping their registrations up to date.

A planned induction programme had been used with a recently appointed staff member alongside a mentor, who is a senior member of the team, to provide support and guidance on the role and responsibilities of the job.

The staff training records in place evidenced that staff's knowledge and skills were kept up to date. Staff participate in mandatory training and other appropriate training relevant to their roles and responsibilities. Staff training in First Aid was scheduled for January 2020. In addition to mandatory training, professional development opportunities included for example; Qualification and Credit Framework (QCF), skin integrity, head injury, adverse incidents and confidentiality. Training in The Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) took place on various dates during October 2019.

The home had a current policy on Infection, protection and control (IPC) with staff training provided during May 2019. Inspection of the environment evidenced that all areas were very clean, tidy and organised. There was visible evidence of a good supply of IPC resources including, disposable gloves, aprons, liquid hand soap and disposable hand towels.

The manager advised that there had not been any outbreaks of infection in the home since the previous care inspection and that close monitoring of the cleanliness of the environment and hand washing is undertaken by way of daily spot checks.

The manager and three staff members, who met with us, confirmed that they have confidence in the practice of the staff team in the care provided to residents. Staff members were confident and all their colleagues practiced in a safe and respectful manner. Adult Safeguarding procedures were understood by staff who met with us. Staff expressed strong commitment to the care provided and expressed satisfaction with staffing levels, staff training, supervision, appraisal and staff meetings which were held on a regular basis to ensure staff are kept fully informed and involved about all aspects of care provided within the home.

Records of notifications forwarded to RQIA was discussed with the manager and cross referenced with records retained within the home. Accidents occurring which require to be notified had been submitted and those which do not were clarified with the manager. Audits of falls occurring were undertaken by the manager to identify any trends / patterns and development of associated action plans. Care records reviewed contained fall risk assessments and where necessary care plans included measures in place to minimise recurrence.

The manager explained that no restrictive practices take place within the home and confirmed that training in DoLS had been provided for all staff in preparation for the implementation of The Mental Health capacity Act on 2 November 2019

The home's Fire Risk assessment was reviewed by a professionally trained fire assessor on 9 October 2019. One recorded recommendation for improvement had been addressed, sign and dated. Training records showed that staff fire safety training and drill was provided during May 2019. Weekly and monthly fire equipment check records evidenced compliance with correct fire procedures. Fire doors were closed and exits unobstructed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Three residents care files reviewed contained pre admission information, needs assessments which were complemented with risk assessments, person centred care plans which reflected actual and potential needs. Progress notes were recorded and annual care reviews held with the commissioning trust. Records reviewed were considered to be legible, up-to-date, signed and dated by the staff member making the entry.

Monthly weights of residents are undertaken and closely monitored to identify any weight loss or excessive weigh gain.

The manager explained the systems in place for monitoring the frequency of residents health screening; dental, optometry, podiatry and other health or social care service appointments and referrals are made, if necessary to the appropriate service. The district nurse visits the home on a regular basis to provide care and treatment in various nursing aspects of care for example, wound care, diabetic management and the recently commenced anti- flu vaccination programme for residents who choose to have this vaccine.

Staff explained that they received hand over reports at each shift change so that they were kept fully informed of any changes to the residents care plans and other issues which have to be shared to ensure that safe effective care is provided.

Staff were observed responding promptly to resident call bells requesting assistance. One resident told us “staff were always readily available to see to them”.

Staff told us that they felt the care was really good and that they were provided with the necessary resources such as training, staff meetings and a good supply of resources necessary to provide good care. Staff advised that the manager was approachable and operated an “open door” to everyone.

There was evidence of good information sharing with residents and their representatives displayed on the notice boards positioned at various places on the ground floor, for example, “How to complain”, the previous care inspection report, planned activities, menu, daily planned activities and various health promotion metters..

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The atmosphere throughout the home was calm, encouraging and good humoured. Residents gave very positive feedback on the caring support and encouragement that staff provided to them. The spacious premises allows for various groups to pursue activities as desired. Activities and interactions observed between staff and residents were professional with evidence of respect and dignity upheld. Examples of activities provided included, arts, crafts, word quiz, passive exercise, singing hairdressing and nail care. Residents said they enjoyed the activities especially the singing by the Musical Memories choir who visited the home on 12 October 2019.

Throughout the inspection we noted that residents' call bell were positioned close to them so that they could call staff if assistance was required. Staff interactions with residents was respectful, staff sought consent from residents to undertake various care tasks which were undertaken in a dignified manner.

Residents told us that staff listen to them and encourage them to participate in activities. Residents said they did not have to participate if they didn't want to. Some residents said they "preferred to sit and watch the goings on"

Residents and / or their representative's satisfaction surveys are conducted annually by the home. The analysis of the 2018 survey indicated a high positive response rate in the care and life of residents within the home. Comments recorded included "the staff are always very pleasant and kind" and another commented "residents' are treated with dignity and respect".

The home operates four weekly rotating seasonal menus which were noted to be varied and nutritious. The home received a rating of 5 for food hygiene from environmental health on 11 June 2019. This is to be commended..

The serving of lunch was discreetly observed. Tables within the two dining rooms were nicely set with condiments, napkins, drinks and central flower arrangement.

Meals were served by staff who assisted and supervised residents throughout the meal. Special meals such as diabetic or soft meals were provided as required. Records of food and fridge temperatures were retained within the kitchen by the cook.

Residents told us that they had a choice of main meals which were reflected within menus displayed and that they met with the kitchen staff to discuss preferences, their likes and dislikes. Residents also told us that they could choose where they wished to sit and with whom to sit beside.

The manager advised that any issues in regard to diets or associated risk factors would be referred to the dietician / speech and language therapist as deemed necessary by the general practitioner.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the manager and two staff members, and examination of a range of records, including minutes of staff meetings, monthly monitoring reports and care review reports, provided evidence that effective leadership and management arrangements were in place.

The manager outlined the management arrangements and governance systems in place and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care in which the home was registered with RQIA.

There was evidence that the home's quality report for 2018 to show residents and their relatives viewed the service as very satisfactory.

The home's RQIA registration certificate was displayed within the hallway alongside the indemnity insurance which was dated 30 June 2019.

Manuals of policies procedures were readily available to guide and inform staff. The manager confirmed that there was a continuous process of review and revision of policies and procedures, in order to remain accurate and up to date. A cursory view of policies evidenced these had been reviewed and revised in accordance with minimum care standards which call for a minimum of three yearly review.

There was a complaints policy and procedure in place which was in accordance with legislation and the Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives are made aware of how to complain by way of the resident guide and notice displayed within the hallway of the home. Records of complaint received were retained and noted to be managed satisfactorily. The manager explained that any outcome of complaints investigations which requires necessary improvement in practice would be discussed with staff and embedded within practice by way of meetings or additional training if necessary.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

Staff commented that the manager's leadership style was supportive and that all staff were expected to take opportunity to appropriate responsibility for the effectiveness of the home and the quality of care provided. Staff said they welcomed supervision as part of their individual accountability and development. Staff also said that there was very good working relationships within the team which they felt was very important for the smooth running of the home and ensuring that their residents' needs were met

Monthly monitoring visit reports were retained within the home. Reports for July, August and September 2019 were examined and found to address matters required by regulation and good governance. Reports reflected the home's performance and encourage continuous quality improvement. Residents' views were sought in respect of their care.

Review of the analysis of the home's returned resident / representative's satisfaction questionnaires during 2018 evidenced many positive comments. Quality indicators included activities, staffing, and core values of dignity and respect and choice / preference. One respondent's recorded comment "as a family we are continually thankful that our mother lives in such a beautiful well managed home."

A staff satisfaction questionnaire survey was also undertaken by the manager.. Positive responses were received in regard to staff training, inductions and general staff competency arrangements.

The homes annual quality report for 2018 was reviewed and discussed with the manager. Areas of improvements made included, new flooring in the dining room, redecoration of rooms and review and implementation of additional resident therapeutic activities. The quality report for year 2019 was a work in progress.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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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