



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: EI Shammah, 1601
Date of Inspection: 24 September 2014
Inspector's Name: Lorna Conn
Inspection No: 17735

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	El Shammah
Address:	2 North Circular Road Lisburn BT28 3AH
Telephone number:	028 92660617
Email 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:	17
Scale of charges (per week):	£480 - £495
Date and type of previous inspection:	28 April 2014, secondary unannounced inspection
Date and time of inspection:	24 September 2014, 10:00 am - 3:45 pm
Name of Inspector:	Lorna Conn

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 are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service. None were returned by the date of the inspection.

Issued To	Number issued	Number returned
Staff	20	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

The home is situated in a quiet, residential area of Lisburn in County Antrim. Mrs Emer Bevan is the Registered Provider and the Manager is currently Mr Adrian McCready.

Normally the home layout consists of two large lounges on the ground floor and a large conservatory located off the dining room with a smaller lounge on the first floor of the the home and a hairdressing room. There are also several small quiet seated areas throughout. However, due to building work being carried out at time of this inspection, the two lounges on the ground floor and the first floor lounge have been reconfigured to accommodate 6 residents in shared bedrooms. In addition to this a number of bedrooms located upstairs and to the back of the building are not occupied. There are plans to develop the building to include additional rooms on the third floor of the building and construction work is ongoing.

El Shammah is situated on a hill and is opposite to Wallace Park which provides a pleasant view and can be used for residents who wish to take a walk there. The home is convenient to Lisburn town centre and to all amenities.

El Shammah is registered for 24 residents and can accommodate up to five persons under pensionable age with a physical disability and six residents with a diagnosis of Dementia (mild).

8.0 Summary of Inspection

This primary announced care inspection of El Shammah was undertaken by Lorna Conn on 24 September 2014 between the hours of 10:00am and 3:45pm. Mr Adrian McCready was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one recommendation was fully met and one recommendation regarding staffing has been re-stated on a second occasion. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives; discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, revised staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. However, it is recommended that care plans are signed by the resident or their representative where appropriate. The evidence gathered through the inspection process concluded that El Shammah was compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. The registered manager advised that afternoons are generally less structured as this suited the current residents better as they have visitors or other activities during this time. This should be kept under review and the programme adjusted as required by residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions and appropriate records were maintained. The evidence gathered through the inspection process concluded that El Shammah is compliant with this standard.

Resident, representatives and staff consultation

During the course of the inspection the inspector met with residents, representatives and staff

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard and the building work appeared to have been contained to one part of the building.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to guardianship, finances, vetting, incidents and accidents and fire safety. Further details can be found in section 11.0 of the main body of the report.

One new recommendation was made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 April 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	9.4	The registered person is recommended to maintain records of where the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	Records reviewed evidenced that this had occurred.	Compliant
2.	25.1 & 25.2	The registered person is recommended to review the current staffing levels in accordance with the RQIA minimum staffing guidance.	The registered manager has reviewed the current staffing in consultation with staff, residents and dependency levels and considers staffing to be adequate at its current level. However, this will continue to be monitored by RQIA as the home's current staffing for the afternoon to evening shift is not within the minimum guidance specified. This will be revisited once the additional rooms are ready.	Moving towards compliance

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
On admission staff will retrieve as much information as possible from resident and their representatives regarding the resident's communication abilities and behaviour. As staff get to know resident they become more aware of any behavioural issues that require management or any communication difficulties. Any information regarding behaviour is recorded in resident's care plan.	Compliant
Inspection Findings:	
<p>The home had a Managing Behaviours that challenge policy dated 2 April 2014 and a restraint policy dated 5 May 2014 in place. A review of these policies identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge. They detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge on 8 April 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promoted positive outcomes for residents.</p>	Compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The home has a policy for managing behaviours that challenge. This policy/procedure details how behaviours which are uncharacteristic may be identified and managed. Managing uncharacteristic behaviour includes health checks carried out in the home to help identify or eliminate physical causes such as infections, pain or illness. The policy/procedure also details actions required in relation to the behaviour and reporting to the relevant healthcare professionals and the resident's representatives.</p> <p>Each resident has an individual care plan which details aspects of personality and behaviour which may require managing. The care plan also indicates that if there are no regular behavioural issues that any such behaviour should be investigated and reported.</p> <p>All staff receive training in relation to challenging behaviour and how to manage this. Care staff are also instructed via care plans and risk assessments, any additional, individual management strategies required for individuals.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The Managing Behaviours that challenge policy dated 2 April 2014 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p>	<p>Compliant</p>

Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.	
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<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Behaviours requiring a consistent approach or response from staff are recorded in the resident's care plan and risk assessments. Staff are advised when care plans and risk assessments are updated. Staff are also verbally informed at 'hand over' reports regarding changes to a resident's care needs.</p> <p>Observation of the resident, staff and written reports are used to monitor and evaluate consistency of approach / response.</p> <p>If a resident has capacity to make their own decisions in relation to their care, consent will be obtained from them before their representative is informed regarding approaches / responses to be taken. Consent or otherwise and the informing or otherwise of a representative will be documented in the resident's daily progress report.</p> <p>If a resident does not have capacity regarding their health, their named representative will be informed regarding approaches / responses to be made.</p> <p>In either case, the resident's Care Manager will be informed and advice from the Care Manager or their agreement with any planned responses or approaches will be documented in the resident's daily progress report..</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were shared with the residents and signed by the registered manager/staff completing them. However, it is recommended that these are signed by the resident or their representative where appropriate.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The home has a policy for involving multi disciplinary teams. This policy details when involvement from a multi disciplinary team is required and how this is obtained. The policy details various healthcare professional; services and how they may be able to assist in the care of individuals.</p> <p>The resident's Care Manager would be kept updated regularly regarding the progress and management of behaviour of any resident with a behavioural management programme. Staff in the home would also maintain a regular written record of any benefit or adverse reaction from the programme and any deterioration or improvement in relation to the behaviour currently under management. Care plans and risk assessments would be updated as required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan, as necessary.</p> <p>A review of three behaviour management programmes identified that they had been shared with the care manager. The behaviour management programme formed a part of the resident’s care plan and there was evidence that it was kept under review. However, it is recommended that these are signed by the resident or their representative where appropriate.</p>	<p>Moving towards compliance</p>

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Should staff require additional training to facilitate a behavioural management programme this would be provided. This has not yet been required in El Shammah	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in behaviours which challenge on 8 April 2014 and 13 February 2013.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme/s in place.</p>	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Should an incident be managed outside the scope of a resident's care plan, the appropriate professionals will be involved to provide help and support. The resident's representatives would also be invited to participate in any decisions made in relation to the resident's care (where appropriate). A multi disciplinary review would also be requested to review residents care plan.	Compliant
Inspection Findings: A review of the accident and incident records and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A review of three number of care plans identified that they had been updated and reviewed.	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Any form of restraint is used as a last resort only and only when the safety of others is at risk. Any form of restraint is recorded and where applicable, consent will be obtained from the resident or the representative. The resident’s care manager will also be informed of any restraint used or to be used. Any ongoing restraint measures are reviewed regularly. Currently there are no residents requiring any form of restraint in El Shammah</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussions with staff, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
<p>On admission, residents are invited to make suggestions in relation to the activities they would like to carry out in El Shammah. Resident's meetings also allow residents to suggest preferred activities. Encouraging residents to participate in the activities schedule shows the resident that their opinions and participation is valued and this promotes a positive outcome for individuals. The physical and mental needs and abilities of residents is also taken into consideration when planning the activities schedule. Currently the schedule involves both mental and physical stimulation while promoting activities that are sociable and enjoyable.</p> <p>Residents who prefer not to mix socially are offered one to one activities such as board games, reminiscing etc. and this understanding and provision of activities to facilitate their preference for not socialising allows the resident's wishes to be met and promotes a feeling of being valued as an individual which promotes a positive outcome for that individual..</p>	Compliant
Inspection Findings:	
<p>The home had a policy/procedure dated 3 December 2013 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	
<p>Provider's Self-Assessment</p> <p>Staff will note which activities appear to be most enjoyable to residents. All activities are purposeful and promote healthy living ie they encourage sociability, mental participation, physical participation and by inviting a resident to participate encourage a feeling of self worth which promotes a positive outcome for the resident. There is at least one activity each week that caters for residents' spiritual needs eg a church service.</p> <p>The changing needs of residents is taken into consideration when organising activities and activities are adapted to the needs of the residents. Community events are also facilitated eg Christmas services and carol services are held in the home, the mayor visits the home annually, there are visits from local schools , youth groups and 'Stepping Stones'. this provides interaction with representatives from the community providing an interest outside of the home.</p>	Compliant
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that social activities are organised once per day across seven days of each week. The registered manager advised that afternoons are generally less structured as this suited the current residents better as they have visitors or other activities during this time. This should be kept under review and the programme adjusted as required by residents.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
On admission all residents are invited to make suggestion for the activities schedule. residents who tend to generally stay in their roomas are also invited to make suggestion for activities during residents's meetings. Should a resident prefer not to participate in a residents' meeting they would be spoken to individually and asked for their involve, enmt in the activities programme.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including several residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities schedule is displayed in the dining room. This allows all residents the opportunity to view the schedule as all residents usually have their meals in the dining room. The schedule uses a font size that is able to be read by all residents and suitable pictures accompany the activity description.	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A member of staff is always present during activities to assist and support residents when required. Any equipment or aids required for activities is provided by the home. recently various new equipment and activites have been provided.	Compliant
Inspection Findings:	
Activities are provided each morning by designated care staff and staff are always present during any activities. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included skittles; arts and crafts materials; board games; newspapers; DVDs and CDs.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities schedule is flexible depending on the needs and abilities of the residents. Some residents may not wish to carry out an activity for as long as another and this can be accommodated. Ability can be accommodated in respect of the level of an activity for example quizzes will cater for all residents participating so that all residents can be included and can participate.	Compliant
Inspection Findings:	
The care staff; registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Apart from volunteers who conduct the Sunday service, musicians/singers, schools volunteers and 'stepping stones' volunteers who chat to residents, there are no persons contracted to conduct activities. In the listed cases a member of staff is always present to witness the event/visit.	Compliant
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Not applicable. Activities are not provided by persons contracted to do so in the home. In the activities listed in 13.7 a member of staff is always present.	Not applicable
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The home has an activities record folder. This details the main daily activity, who conducted the activity and which residents participated. The records also show that all residents were invited to participate in the activities. The record also details other activities that residents have participated in apart from the main daily activity. This allows the home to monitor and ensure social contact and activities for those who may prefer to generally remain in their room or who may decline to take part in the main daily activity.</p>	<p>Compliant</p>
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	<p>Compliant</p>

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities schedule is reviewed every six months at least or more regularly depending on feedback from quality assurance findings or residents' meetings.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 25 April 2014 and 10 January 2014. The records confirmed that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's going alright here. I get any help I need and anything you ask for they do it for you'.

'I have no complaints. The building work had to be done and I thought it would have been worse but it has been managed well'.

'There has been a bit of noise recently but generally it's not been too bad and doesn't last and hasn't disturbed me'.

'The staff are very good and the food is good.'

There's a good atmosphere and the girls do their best'.

'The noise hasn't bothered me. It's brilliant here there's something on every day'.

11.2 Relatives/representative consultation

One relative who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'It's a great place. The staff are very nice. My relative prefers to sit in her room but does go to activities and the staff let her know what's on '.

11.3 Staff consultation

The inspector spoke with four staff of different grades and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'It's a great place. Any noise passes quickly and we try to keep people occupied and manage around it so there's little upset'.

'We try to make it as pleasant as possible and there's a good levels of activities which has improved. Staff know what people like and adapt to suit peoples sight and hearing. The manager and the owner are very accommodating'.

'Staff work credibly well together and I would be happy for a relative to come in here. The staff go over and above and are more than good and helpful'.

'We have one to one time in the afternoons and would read to some residents and all the girls are great at encouraging people to get involved.

11.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of a sample of the complaints records evidenced that these complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard and building work appeared to have been contained to one part of the home.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 4 January 2014. The review identified that there were no recommendations made as a result of this assessment. A review of the fire safety records evidenced that fire training, had been provided to staff on 30 May 2014. The records also identified that an evacuation had been undertaken on 30 May 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager. This confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Accidents and Incidents

A sample of these were reviewed and the registered manager provided updates regarding particular accidents.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Adrian McCready, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

El Shammah

24 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Adrian McCready during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.3 & 10.5	The registered person is recommended to ensure that care plans are signed by the resident's representative where appropriate.	One	When a resident does not have capacity in relation to signing their care plan, their representative will be asked to sign the care plan on their behalf as opposed to two staff signatures.	By 31 October 2014.
2.	25.1 & 25.2	The registered person is recommended to review the current staffing levels in accordance with the RQIA minimum staffing guidance.	Two	El Shammah continually monitors staffing levels. Residents, their representatives and staff have confirmed that current levels are more than adequate for the current number of residents. As additional residents are accommodated following completion of the extension, the staffing levels will of course increase to enable the high standard of care provided for our service users to continue.	By 31 March 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Adrian McCready
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emer bevan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	6/11/14
Further information requested from provider			