



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	El Shammah
Establishment ID No:	1601
Date of Inspection:	28 April 2014
Inspector's Name:	Lorna Conn
Inspection No:	16804

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	El Shammah
Address:	2 North Circular Road Lisburn BT28 3AH
Telephone Number:	028 92660617
E mail Address:	elshammah@btconnect.com
Registered Organisation/ Registered Provider:	Amstecos Ltd Mrs Emer Bevan
Registered Manager:	Mr Adrian McCready
Person in Charge of the home at the time of Inspection:	Ms Alison Reid, senior care assistant
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:	19
Scale of Charges (per week):	£480 - £495
Date and type of previous inspection:	11 February 2014, Secondary unannounced inspection
Date and time of inspection:	28 April 2014, 1:30 pm - 4:00 pm
Name of Inspector:	Lorna Conn

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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.

METHODS/PROCESS

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

- Discussion with the staff in charge as well as the acting registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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 Standard:

STANDARD 9 - Health and social care-The health and social care needs of residents are fully addressed

The inspector has 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.

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 who is in the process of making application for registration as manager with RQIA.

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).

SUMMARY

This is a summary of a secondary unannounced care inspection of El Shammah Residential Care Home, 2 North Circular Rd, Lisburn BT28 3AH. The inspection was undertaken on 28 April 2014 from 1:30 pm - 4:00 pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection.

On arrival the inspector was welcomed by the senior care staff on duty; Ms Alison Reid who was readily available for discussion and clarification during the inspection. Verbal feedback of the issues identified during the inspection was given to the senior care staff and the acting registered manager, at the conclusion of the inspection. The inspector viewed parts of the home accompanied and also alone during the inspection. The home was found to be warm, clean and tidy, suitably decorated and furnished.

The inspector reviewed progress with the issues raised at the inspection conducted on 23 December 2013 and found that the requirement and recommendations which had been made were all satisfactorily addressed. As a result of this inspection, two new recommendations were made regarding staffing levels and communication with resident's representatives with respect to feedback from health and social care appointments and any follow up care required.

During the inspection the inspector met and spoke to the residents who were present in the home. The residents indicated that they indicated that they were happy with the care provided; they had not been disturbed by the building work so far and were positive regarding the improvements being made. For further information see additional areas examined. There were no relatives or visiting professionals present during the inspection.

The inspector spoke to members of staff on duty during the inspection. Staff made positive comments regarding the care provided and advised that in their opinion, the disturbance from building work had been limited. No concerns were raised regarding disruption caused to residents by the building work which had occurred.

The inspector wishes to acknowledge the full co-operation of the acting registered manager; the care staff and the residents throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation.

FOLLOW-UP ON PREVIOUS ISSUES from inspection on 23 December 2013

No.	Regulation Reference	Requirements	Action taken-As Confirmed during this inspection	Inspector's Validation of Compliance
1.	7, 9 & 21 schedule 2	<p>The registered person must ensure that the satisfactory recruitment information is sought and that records are maintained to verify that all the information stipulated within regulation 21, schedule 2 and standard 19.2 has been obtained. (Dates of employment need to be recorded specifically to capture gaps in employment)</p> <p>(standard 19.2)</p>	<p>A new application form had been developed and this was examined by the inspector. This now captures full dates of employment with which to ensure that gaps in employment are identified.</p>	<p>Compliant</p>

No.	Minimum Standard Reference	Recommendations	Action taken-As Confirmed during this inspection	Inspector's Validation of Compliance
1.	20.12	The registered person is recommended to develop the annual review report regarding resident/relative feedback gained during the monthly monitoring visits and the annual questionnaires; detail of information concerning complaints included be reviewed and any actions or plans for the future are identified.	This was reviewed and had been developed as recommended.	Compliant
2.	17.3	The registered person is recommended to indicate to residents and to any person acting on their behalf that the complaints policy is available in a range of formats, if required.	A new complaints policy had been devised. This was reviewed and was found to indicate that a range of formats were available on request.	Compliant
3.	17.6 & 17.7	The registered person is recommended that the complaints policy is amended to include the commissioning trust complaints officer / Key worker within the Trust as well as other services providing independent advocacy.	The new complaints policy was examined and the recommended information regarding Trust personnel and independent advocacy was included.	Compliant
4.	17.16	The registered person is recommended to ensure that complainants be advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints in any communications regarding any complaints made.	The new complaints policy was inspected and complainants are advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of a complaint.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
Residents' files were sampled at random and all were found to contain details of the recommended information. Discussions with staff confirmed that residents were encouraged to retain these services on admission but assisted with registration if necessary.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
In the files selected, the health and social care needs of the individual residents appeared to be understood by staff and all contained recently updated care plans and risk assessments.	Compliant
Discussions with staff and residents provided further evidence that the health and welfare of residents was being promoted.	

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
Residents' files were sampled at random and all included referrals and advice which had been sought from primary health care services and social services and records of these contacts had been maintained.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Discussion with staff indicated that there was a process in place to routinely provide the resident's representative with feedback regarding health and social care appointments and changes in health and wellbeing. However, evidence of this having occurred and having been documented was absent from the files examined. The inspector was advised by staff that the reason for this was that files were in the process of being re-structured. 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.	Moving towards Compliance

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems 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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: There were 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 other services. Records reviewed reflected these systems being used.</p>	Compliant
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: There were systems in place for maintaining residents' spectacles, dentures, personal equipment and appliances to ensure they provided maximum benefit for each resident. Records reviewed provided evidence of this occurring in practice.</p>	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

During the inspection the inspector met and spoke to residents in the home at the time. The residents indicated that they were happy with the care provided; they had not been disturbed by the building work so far and were positive regarding the improvements being made. All residents presented as comfortable, well groomed, contented and at ease within their surroundings. Their comments included:-

'The new conservatory is a great improvement. It's far better and the building work has been alright. The care is good'.

'This place is as good as any. It's very nice and the building work hasn't bothered me. It's a bit of a distraction'.

'The care is very good –second to none. If you need something they see to it immediately'.

'The conservatory is very nice and I'm not bothered by the building work'.

'The girls are very good and I've no complaints'

'I'd like to be back in my single room but the care couldn't be any better. They do all they can for you'.

'There's not very much noise and it didn't bother me a bit. They are the best of people- that's all I can say'

'Staff here are very good and helpful'.

Relatives/visiting professionals' views

There were no relatives or visiting professionals present during the inspection.

Staff views

The inspector spoke to staff on duty during the inspection and they all made positive comments regarding the care provided and advised that in their opinion, the disturbance from building work had been limited. Their comments included:-

'The care is very good. There has been limited noise from the building work due to the re-positioning of the residents and the sitting areas'.

'I don't think there's been much disruption. The conservatory is really nice and provides more space. It was a good idea. There's good communication between staff, residents and relatives. Staff are well trained and know what to do and to contact the doctor or physio'.

'The communication with the manager is very good. It's not been too bad as building is upstairs only. There's not much room to sit outside but no-one has complained. The care is good as usual'.

Environment

The inspector inspected the physical environment in the home accompanied and alone and viewed a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming. The dining room had been reopened in its original position and the large new conservatory which is located off the dining room was bright and spacious. All of the other lounges are currently re- configured temporarily as shared bedrooms. The small visitors/ telephone room had been re-instated.

It appeared that all building work on site was continuing externally. Scaffolding was still present at the front, side and back of the building and building materials located on site.

During the inspection it was noted that some noise could be heard on an intermittent basis but it was not loud or continuous in nature. As such it did not appear to interfere with residents' enjoyment in the conservatory as this is located as far away from the building work as would be possible.

Observation of care practice

Staff and resident interaction and communication demonstrated that residents were treated courteously and with dignity and respect. Good relationships were evident between staff and residents.

Fire safety

There were no visual fire safety hazards. All fire doors were closed and fire exits unobstructed.

Staffing

On the day of the inspection the inspector noted that one senior care assistant and two care assistants were on duty from 8am-3pm but that from 3pm onwards only one senior care assistant and one care assistant were on duty until 10pm when two night staff came on duty. Discussions with staff and the acting registered manager confirmed that this was always the case and that staffing had been at this level in the afternoons for some years. The inspector was advised by staff that over teatime, catering staff were also in attendance in the dining room. In a home of this size, the RQIA minimum staffing guidance would indicate that during the day there should be at least one person in charge and two to three care staff on duty. A recommendation has been made with respect to this matter as detailed within the attached quality improvement plan.

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

Secondary Unannounced Care Inspection

El Shammah

28 April 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 after 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 (2008), 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.	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.	Once	When a resident's representative is provided with feedback from health and social care appointments etc. this is documented in the resident's daily progress report. Staff have been reminded of this.	With immediate effect from the date of the inspection.
2.	25.1 & 25.2	The registered person is recommended to review the current staffing levels in accordance with the RQIA minimum staffing guidance.	Once	Due to building work being carried out at the home, there are currently nineteen residents accommodated in El Shammah as opposed to twenty-four. There are the same amount of staff for nineteen residents as there were for twenty-four. Recent quality assurance questionnaires from staff, residents and representatives raised no concerns regarding the level of staffing for twenty-four residents. Since this concern was raised by the inspector, all residents were interviewed in relation to staffing levels. All residents indicated that they had no concerns regarding staffing	By 28 June 2014.

				<p>levels. All indicated that they did not have to wait for staff bells to be answered, or for any other aspect of their care to be attended to. All residents were specifically asked if they felt that additional staff were required or would benefit the home. All stated that they did not feel there was a need for additional staff nor did they see any benefit from this. Senior staff in the home were also interviewed and confirmed that additional staff were not required.</p> <p>El Shammah takes pride in the quality of care provided for residents and the staffing levels required to maintain this standard of care is monitored continuously.</p>	
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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 and returned to care.team@rqia.org.uk

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	17/6/14
Further information requested from provider			