

Inspection Report

29 June 2021



El Shammah

Type of service: Residential Care Home
Address: 2 North Circular Road, Lisburn, BT28 3AH
Telephone number: 028 9266 0617

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Amstecos Limited</p> <p>Registered Person: Mrs Emer Bevan</p>	<p>Registered Manager: Mr Adrian McCready</p> <p>Date registered: 9 September 2014</p>
<p>Person in charge at the time of inspection: Sarah Smyth, senior care assistant.</p> <p>The manager arrived to the inspection at approximately 15.30 and remained until the end of the inspection</p>	<p>Number of registered places: 35</p> <p>Maximum for 4 places for RC-PH under 65. 1 respite bed. Maximum of 6 persons in DE (dementia) category of care (mild dementia) and Maximum of 4 places in RC-MP category of care.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or 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>Number of residents accommodated in the residential care home on the day of this inspection: 26</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 35 residents.</p> <p>Resident bedrooms are located over three floors. Residents have access to communal lounges, dining areas and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 June 2021 between 09.55 and 17.00 and was conducted by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Following an analysis of notifiable incidents submitted to RQIA, the inspection primarily focused on the management of unsupervised and unplanned resident absences from the home, hereafter referred to as 'absconding'.

A serious concerns meeting resulted from the findings of this inspection. During this inspection, concerns were identified in relation to the lack of robust managerial oversight and governance arrangements within the home; and the provision of care to residents who were at risk of absconding from the home. These shortfalls raised concerns that the quality of care provided to residents was below the standard expected.

The registered person was invited to attend a serious concerns meeting with RQIA via video teleconference on 16 July 2021 to discuss the inspection findings and their plans to address the issues identified. During the meeting the registered person advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively and consistently addressed.

RQIA informed the registered person following the meeting that further enforcement action may be considered if the issues were not addressed in an effective and sustained manner. RQIA will continue to monitor progress during subsequent inspections.

Twelve new areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 18 residents and four staff either individually or in small groups.

Residents told us that they were satisfied with the care delivery in the home. They described staff as “good” and “very kind” and said that there was enough staff to help them and provide assistance when they needed it.

Staff spoke positively about working in the home and advised there was good team work and communication within the home. Staff spoken with said “The care provided here is good.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to El Shammah was undertaken on 11 December 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. We were unable to review staff recruitment or training records as the person in charge had limited access to these. This lack of access to governance records as required under Regulation is discussed further in Section 5.2.5.

Staff training information was subsequently forwarded to RQIA after the inspection. Review of this information identified that these records were not maintained in adequate detail. This was identified as an area for improvement.

Review of available records evidenced that there was a planner in place to help ensure that staff were provided with regular supervision sessions.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. We were informed by the manager that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for those staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and a system was in place to monitor and assist staff with maintaining such registration. Advice was provided to the manager to include within this record, the date of expiry in respect of each registrant's registration status.

Staff said there was good team work and that they felt well supported in their role; staff also expressed satisfaction regarding staffing levels and the degree of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that that staff were always available to assist them and that they were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, staff were knowledgeable of individual resident's needs, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on bedroom doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. We observed staff supporting residents when they were upset or redirecting residents when they were unsure as to what was happening around them.

It is important to robustly manage the needs of any residents who might abscond from the home and subsequently place themselves at risk of harm. We reviewed the care records for three such residents and identified a number of deficits. For instance, care plans and/or risk assessments which focused on managing the risk of absconding were either absent, lacking detail or contradictory. In addition, care records for two of these residents had not been reviewed by staff following a recent incident of absconding; it is important to review these records in such circumstances so that the risk is being managed as effectively as possible.

It was noted that there was no system in place for staff to consistently and contemporaneously record checks of residents' whereabouts within the home, where this care was prescribed. It was also concerning that feedback from the manager and review of one patient's care records in regard to hourly monitoring by staff was inconsistent; the inspector was therefore not assured that the resident's prescribed care needs were being effectively and consistently met.

These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 July 2021. RQIA was advised that action would be taken to improve the quality and accuracy of record keeping relating to this aspect of care. Two areas for improvement were made in this regard. The submission of statutory notifications to RQIA following any incidents of absconding is considered further in Section 5.2.5.

We discussed with the manager about the benefits of staff maintaining daily recordings within residents' care evaluation notes as this is good practice.

Observations during the inspection and review of care records identified a resident who was requiring an alternative placement more suited to their needs. During the serious concerns meeting on 16 July 2021, RQIA was advised that this resident was no longer residing in the home. Managerial and governance oversight in relation to the home's registered categories of care is discussed further in Section 5.2.5.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Where a resident was at risk of falling, measures to reduce this risk were in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. However, we noted that there was no menu displayed for the residents. This was identified as an area for improvement.

Residents said that they had enjoyed their meal and the company of others within the dining room. Residents could also choose to eat their meals in their own bedrooms if they wished and meals were appropriately covered during transportation.

The dining experience was calm and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience. Supervision and support from staff was readily available where this was required.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure this was the case.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents appeared well dressed while staff paid attention to detail when assisting them with their personal appearance.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Shortfalls were identified in regard to the management of risks within the environment. For example, observation of an identified resident's bathroom and the laundry area highlighted several items which were insecurely stored and presented a risk to residents. It was also noted that the laundry room door was left open and unsecured by staff. An area for improvement was made in this regard.

We observed one stairwell area which contained inappropriate storage; this storage had the potential to adversely impact the ability of staff to safely evacuate residents in a timely manner, if needed. An area for improvement was made.

We also noted that a communal sitting/dining area was only being used as a dining room; this had the potential to limit communal day space for residents. This change to the designated purpose of the room had not been communicated to RQIA. This matter was discussed with the manager and identified as an area for improvement.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use Personal Protective Equipment (PPE) in accordance with the regional guidance. We observed some rusted pedal operated bins within bathrooms; this was identified as an area for improvement.

While visiting arrangements were in place within the home, it was noted that visiting arrangements were not being managed in line with the current Department of Health (DoH) and IPC guidance. This matter was discussed during the serious concerns meeting held on 16 July 2021 and assurances were provided that visiting arrangements would be managed in keeping with regional guidance. An area for improvement was made.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own bedrooms or in the lounges.

While no activities were observed within the home, discussion with staff confirmed that they undertake activities with residents such as arts and crafts, music or board games.

Feedback from staff evidenced that they assisted residents during the ongoing COVID-19 pandemic to make phone or video calls to family members, if requested.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Mr Adrian McCready has been the registered manager in this home since 9 September 2014. Staff were aware of who the manager of the home is and their own role in the home.

Each service is required to have a person, known as the adult safeguarding champion (ASC), who has responsibility for implementing the regional safeguarding protocol and the home's

safeguarding policy. We discussed with staff about the process for raising concerns and safeguarding arrangements in the home. One staff member was unsure about who the ASC was or what the process was making contact with them. This was discussed with the manager and advice was given to help ensure that staff were appropriately knowledgeable in this regard.

As stated in Section 5.2.1, the person in charge upon arrival was unable to access some governance records upon request, for instance: staff selection and recruitment records; staff training information; the fire risk assessment; records of audits and the monthly monitoring reports. During the serious concerns meeting on 16 July 2021, RQIA was advised that arrangements would be put in place to ensure that the person in charge of the home in the absence of the manager, can access the necessary records/ information. This was identified as an area for improvement.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. However, given the physical and/or mental frailty of some residents, we were concerned in regard to the prevalence residents reportedly absconding from the home; it was also noted that there was no system in place to analyse such incidents for any significant causes, trends or patterns. This was discussed during the serious concerns meeting on 16 July 2021 and the responsible person acknowledged that staff required further training in relation to their understanding of statutory notifications and the accuracy of such reporting; the responsible person advised that additional training would be provided to staff to address this learning need.

The responsible person also agreed to ensure that a meaningful analysis of all incidents of absconding would be undertaken on an ongoing basis in order to more effectively risk manage such behaviours.

Information requested and reviewed by RQIA prior to and during the inspection regarding the home's compliance with its registered categories of care highlighted inconsistencies and a lack of robust managerial oversight.

In addition, the home's Statement of Purpose and Service User Guide were noted to contain contradictory information in regard to the home's current registration conditions.

This matter was discussed during the serious concerns meeting held on 16 July 2021 and assurances were subsequently provided by the registered person that the home is compliant with its registered categories of care; an amended and updated Statement of Purpose and Service User Guide was subsequently forwarded to RQIA. An area for improvement was made.

Following the inspection we reviewed the records of the visits to the home by the registered provider's representative as required under Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. We reviewed the reports for April 2021, May 2021 and June 2021; we found that none of these visits were unannounced as required by the Regulation and that they contained no evidence of any consultation having taken place with residents, relatives or staff. In addition, the reports contained no evidence of any review of the environment having taken place during such visits. It was also noted that there were no action plans generated within monthly these monitoring reports to drive any necessary improvements; we therefore lacked assurance that these reports were completed in a robust manner.

These shortfalls were discussed at the serious concerns meeting on 16 July 2021 with the responsible person who outlined the intended actions to improve the overall quality of the monthly monitoring reports. It was further agreed that the monthly monitoring reports would be forwarded to RQIA for review until further notice. An area for improvement was made in this regard.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A serious concerns meeting resulted from the findings of this inspection and was held on 16 July 2021. Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the necessary improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively and consistently addressed.

In addition, 12 new areas for improvement were identified and are referenced in the body of this report and Section 7.0.

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and the residents.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	5	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Adrian McCready, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care plans and risk assessments accurately reflect the needs of residents, are sufficiently detailed, include any recommendations made by healthcare professionals involved and are regularly reviewed. This is in particular reference to residents who are at risk of absconding from the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans and risk assessments accurately reflect the needs of residents, are sufficiently detailed and include recommendations made by healthcare professionals. They are always reviewed every three months or earlier if required. In relation to the two residents who left the building and failed to inform staff, and whose care plans were not updated at this time, staff have received further training and reminders to update care plans and risk assessments as required, in the absence of the manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021 With immediate effect</p>	<p>The registered person shall ensure that residents' whereabouts are checked by staff in keeping with their prescribed care; such checks are to be recorded in an accurate, contemporaneous and consistent manner.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Checks on residents will now be recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that potential risks to residents within the environment are appropriately managed, specifically:</p> <ul style="list-style-type: none"> • laundry detergents are stored safely and securely • the laundry room is appropriately secured • denture cleaning tablets are stored safely and securely <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Laundry detergent is now kept locked in the laundry room. • The laundry room is now kept locked when not in use. • Denture cleaning tablets are now kept locked.

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that the inappropriate storage is removed from the identified stairwell.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: As part of the Fire Risk assessment following this inspection, the registered Fire Risk Assessor stated that there was no inappropriate storage in the identified stairwell.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29 (3) and (4)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered person shall ensure that monthly monitoring reports evidence / include the following:</p> <ul style="list-style-type: none"> • that such visits are unannounced • that such visits facilitate consultation with residents; relatives and staff • that such visits include a review of the premises of the home • a detailed and time-bound action plan to secure the necessary improvements identified. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • All visits are now unannounced. • Consultation with residents, relatives and staff had stopped due to the Covid-19 pandemic. This has now been recommenced. • Visits include a review of the premises. • An action plan has been identified.
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021</p>	<p>The registered person shall ensure that records of staff training include:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the event • the dates of the training • the content of the training programme <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Signatures to confirm training had been stopped due to the Covid-19 pandemic, to prevent multiple handling of training sheets. Email confirmation of training had been used instead. Signatures to confirm training has recommenced. • The exact date of training is now included. • The content of the training has always been included in the training file.

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format in an appropriate location.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The daily menu is now displayed in the dining room.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021</p>	<p>The registered person shall ensure that all rooms are only used for the purpose for which they were designated. If the purpose of the room is to be changed; a variation must be submitted to RQIA.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A lounge was used as a dining area to facilitate social distancing during the Covid-19 pandemic. Another dining area was used as a lounge. The total amount of communal space has not changed. RQIA will now be informed of such changes.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any rusted pedal operated bins are replaced.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There was one pedal bin identified as having a small amount of rust on the base of the bin. This has now been replaced.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.3</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person must ensure that there are facilities for residents to receive visitors in private if they wish and these are offered as necessary, in keeping with regional guidance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Visiting is in keeping with regional guidance.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.1 & 5.2.5</p> <p>Response by registered person detailing the actions taken: Relevant files are now accessible to the person in charge of the home. Staff files which contain personal information remain accessible to management only.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that a robust system is developed and implemented so that the home remains compliant with its Statement of Purpose at all times; this is in specific reference to its registered categories of care.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The home was always compliant with the Statement of Purpose. The home was never in breach of its registered categories of care. The typing error in the Statement of Purpose, which stated that there were fifteen places for dementia care instead of six, has been corrected.</p> <p>Additional comments to provide clarity to the reader:</p> <p>Page 4: It is unfortunate that the inspector could not be assured that this resident's care needs were being effectively and consistently met. This refers to a care plan stating that staff should 'aim for hourly checks', for one resident, which was met daily by routine contact with the resident. The manager does not regard his feedback regarding this matter as inconsistent.</p> <p>Page 7: The member of staff who was unsure of the Safeguarding Champion, has not yet completed a competency assessment and would therefore always be working with a more senior member of staff. The member of staff concerned knows to report any concerns to the person in charge of the home, or to contact the manager, who is also the Safeguarding Champion. Advice was not given to the Manager during the inspection on how to help ensure that staff were appropriately knowledgeable in this regard. However, the Manager has redistributed the Safeguarding policy, spoken with staff and displayed a poster highlighting the Safeguarding Champion.</p> <p>Page 7: The majority of reports of residents leaving the premises were in relation to one resident. On each occasion the details of the incident, care needs and suitability of placement was discussed with care management, the resident and their next of kin.</p> <p>Page 8: Enforcement action in the form of a Serious Concerns Meeting was arranged following this inspection. During this meeting, issues were put into context and it was agreed that no further action would be taken. There was therefore no Formal Enforcement taken against El Shammah Residential Home.</p>
--	--

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)