The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: El Shammah

Provider: Amstecos Ltd

Date of Inspection: 20 November 2025 & 27 November 2025

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

1.0 Service information

Organisation/Registered Provider:	Amstecos Ltd
Responsible Individual:	Mr Stuart Johnstone
Registered Manager:	Mr Adrian McCready

Service Profile:
El Shammah is a residential care home registered to provide health and social care for up to 35 residents. The home is divided over three floors. Residents have access to communal lounges, dining areas, hairdressing room and seating outside.

2.0 Inspection summary

An unannounced inspection was undertaken on 20 November 2025, between 9.40 a.m. and 5.00 p.m. by a care Inspector, and on 27 November 2025, from 10.30 am to 3 pm, by two finance inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 20 May 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of the care inspection two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The finance inspection was undertaken on 27 November 2025 to evidence how residents' finances and property are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to the management of residents' finances and property. One area for improvement was identified in relation to the recording of transactions on behalf of residents. One finding identified under section 3.3.6 of this report will be reviewed at a future RQIA finance inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "I have no concerns over the care", and, "I feel safe here." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The girls are good, the food is good, there is plenty of choice and management is good." Another resident said," The staff are attentive and the food is excellent, it couldn't be better!"

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented on how, “The care is excellent”; the relative gave some comments on the activity programme, which was passed, back to the manager for his action.

No completed responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Residents were enjoying a game of bingo in the dining room in the morning of the inspection

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as games, exercises and musical activities. The recording of activities that residents participated in required to be recorded in more detail, and be more consistent. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Some storerooms needed to have boxes removed from the floors to enable effective cleaning. The manager agreed to address this.

There was evidence systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concern or complaints and said they were confident that the manager would address these.

3.3.6 Management of residents' finances and property

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies confirmed that the records were up to date at the time of the inspection.

No valuables were held for residents at the time of the inspection.

Records confirmed that reconciliations (checks) between the monies held on behalf of residents and the records of monies held were undertaken in line with the Residential Care Homes Minimum Standards (Dec 2022). The records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussions with the manager confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements included the details of the weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee.

A third party contribution (top up) paid on behalf of the two residents, as part of their weekly fee, was included in the agreements. Discussions with the manager confirmed that the top up was not for any additional services provided to residents but the difference between the tariff for the home and the regional rate paid by the Health and Social Care Trust.

The two agreements reviewed were signed by the resident, or their representative, and a representative from the home.

A sample of records of monies deposited at the home on behalf of two residents evidenced that the records were up to date at the time of the inspection. In line with good practice, the person depositing the monies was issued with a receipt.

A sample of records of payments to both the hairdresser and podiatrist was reviewed. The procedure for recording treatments undertaken by the hairdresser was discussed with the Manager. Following the discussion the manager agreed to implement a more robust system, which would aid the audit process. An area for improvement was identified.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into the residents' rooms and when items were disposed of. The records were checked and signed by two members of staff on a monthly basis. The manager was advised to ensure that the full details of the items were recorded, for example, make and model of television owned by the resident. This will be reviewed at the next RQIA inspection.

Discussions with the manager confirmed that no transport scheme was in place at the time of the inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr 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 Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 December 2025	The registered person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: The falls policy has been reviewed and is in accordance with best practice guidelines.
Area for improvement 2 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 1 December 2025	The Registered Person shall ensure that an accurate record is kept of all activities that take place in the home, and that these are recorded consistently. Ref: 3.3.2
	Response by registered person detailing the actions taken: The record of activities now inlcludes a record of residents who decline to particiapte in the home's daily activity.
Area for improvement 3 **Ref:** Standard 15.7 **Stated:** First time **To be completed by:** 15 December 2025	The Registered Person shall ensure that a more robust system for recording transactions undertaken on behalf of residents is implemented. The system should be updated on a timely basis to reflect current balances held by residents. Ref: 3.3.6
	Response by registered person detailing the actions taken: Any money owed by a resident to the hairdresser, is now not only documented in the hairdresser's record book, but also in the residents' personal cash record sheet. Balances are always up to date.

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

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