



The Regulation and
Quality Improvement
Authority

Tullywest Manor
RQIA ID: 1661
12 Tullywest Road
Saintfield
BT24 7LX

Inspector: Alice McTavish
Inspection ID: IN024114

Tel: 028 9751 1234
Email: tullywestmanor@googlemail.com

**Unannounced Care Inspection
of
Tullywest Manor**

26 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 26 January 2016 from 09.50 to 15.05. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. An area for improvement was identified within the additional areas examined and is set out in the Quality Improvement Plan (QIP) appended to this report. This related to the completion of a Personal Emergency Evacuation Plan for one identified resident who was recently admitted to the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the deputy manager, Mr Philip McCleery, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Tullywest Manor/ Mrs Anne McCleery	Registered Manager: Mrs Anne McCleery
Person in charge of the home at the time of inspection: Mr Philip McCleery	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-PH, RC-DE, RC-PH(E)	Number of registered places: 26
Number of residents accommodated on day of inspection: 25	Weekly tariff at time of inspection: £470 plus £60 per month third party contribution

3. Inspection focus

The inspection sought to assess to determine progress with the issues raised during and since the previous inspection and if the following standard and theme had been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we analysed the following records: the returned QIP from the last inspection and notifications of accidents and incidents.

We met with eight residents, two care staff, the deputy manager, four residents' representatives and one visiting professional. We also provided ten resident views and ten staff views questionnaires for completion and return to RQIA.

We examined the care records of six residents, staff training records, the accident and incident register, complaints and compliments records and fire safety records. We also examined policy and procedure documents relating to the standard and theme inspected.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced estates inspection dated 5 January 2016. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 03 September 2015

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(4)(c)	The registered manager must ensure that all hazards are removed from the outside area between the upstairs fire exit and the steps to the ground floor.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that all hazards were removed from the outside area between the upstairs fire exit and the steps to the ground floor.	

Requirement 2 Ref: Regulation 27(2)(b)	The registered manager must ensure that the roof of the dining room is repaired.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of the premises confirmed that the roof of the dining room was repaired.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1	The registered manager should ensure that the ceiling tiles in the dining room are replaced.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of the premises confirmed that the ceiling tiles in the dining room were replaced.	
Recommendation 1 Ref: Standard 27.3	The registered manager should ensure that an audit is undertaken of all freestanding wardrobes in the home; any wardrobe which is identified as being at potential risk of toppling should be adequately secured to the wall.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of the premises confirmed that an audit was undertaken of all freestanding wardrobes in the home; any wardrobe which was identified as being at potential risk of toppling was adequately secured to the wall.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish.

Is care safe? (Quality of life)

The deputy manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected six residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure in place relating caring for a resident at the end of life and dealing with the death of a resident.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. Staff had received training in end of life care and dealing with dying and death of a resident.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The deputy manager advised us that only a small number of deaths had occurred within the home over recent years. The deputy manager described to us how a resident had recently been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. In this instance the resident did not have family members who were able to be present at the end of the resident's life; staff ensured, however, that the resident was not left alone at any time and was provided with company and reassurance. Staff confirmed that families were able to be with residents at the end of life and were encouraged to do so. The staff also confirmed that they would ensure that families were made comfortable within the home.

Staff described how a resident, who did not have a family, had indicated a wish to be buried from Tullywest Manor and this wish had been accommodated with the full agreement of the other residents. Residents were given the option to attend the funeral and to visit the resident's grave.

In our discussions with deputy manager he confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends,

other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The deputy manager explained to us that the news of the death of a resident would be shared with fellow residents in a sensitive manner.

The deputy manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas of improvement identified within the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The deputy manager advised us that no residents had complex continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be provided, if necessary. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed six residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence.

Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion; the policy document reflected current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified within the theme inspected.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Additional areas examined**5.4.1 Residents' views / questionnaires**

We met with eight residents individually in order to obtain residents' views on the quality of care provided within the home. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Ten resident views questionnaires were also provided. Ten resident views questionnaires were completed and returned to RQIA. The eight residents who responded to the questionnaire indicated a high level of satisfaction with the services provided by the home.

Some comments included:

- "Both I and my (spouse) live here and we are very happy; it's like a home from home. From the day and hour my (spouse) came here, (my spouse) said it was a good place to be and that the girls (staff) were very good and the food was great. I have had the same experience of being here. Anything you want, you get it without delay. The manager is a lady and takes a great interest in everybody and the deputy manager is likewise. This is a good place to live."
- "I couldn't have chosen a better place to come to. The staff treat us all exceptionally well, they take great care of us and the food is like what you get at a hotel! I couldn't say a bad thing about being here."
- "I couldn't fault this place. They look after me well. The food is great and there's plenty going on every day to keep me occupied."
- "It's marvellous here, I couldn't be in a better place and the girls are all good craic and like to have a bit of chat with me. I have no regrets about coming here or being here."
- "I love it here. They are very good to me."
- "I have been here for a while now and I never want to leave it. I have landed on my feet, being here!"
- "I'm very happy living here."
- "The staff are very caring and helpful – nothing is too much trouble and they work well as a team. The food is excellent and the cooks go out of their way to cater to our every need. Management are always ready to be of assistance and they provide a very happy environment."

5.4.2. Residents' representatives' views

We met with four residents' representatives who indicated their satisfaction regarding the care provided within the home.

Some comments included:

- "I am very happy with the care provided to my parents by Tullywest. The staff are second to none and they look after my parents very well."
- "This is an absolutely excellent place and the staff are second to none. They keep me informed about any changes in my (relative's) care and they are very good about getting the doctor or district nurse if it is needed. I couldn't recommend this place highly enough."
- "My (relative) always says how happy she is here, how content, well fed and able to sleep at night without being afraid, as she was in her own house. We are equally happy that she is here and that all her needs are met and that she has plenty to do and has lots of company."
- "It's such a relief to have my (relative) here, where we know she is well looked after. Tullywest is like a home from home for her and she just loves being here."

5.4.3.1 Visiting professional's views

We met with one visiting professional who indicated that the care in the home was of a very good standard.

Some comments included:

- "I think this is a great home. Any problems that arise (regarding a resident's health), the staff communicate it to the nursing team and they are excellent about following through with any instructions for care. The residents are happy and content living here. The food is all fresh and homemade. I have full confidence in the staff's ability to provide excellent care. If I had a relative that needed to be placed in a care home, I would have no reservations in them being placed here."

5.4.4 Staff views/questionnaires

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Ten staff views questionnaires were also provided. Three staff views questionnaires were completed and returned; the staff members indicated satisfaction with the care provided within the home.

Some comments included:

- "I am a relatively new member of staff but I am glad that I have come here to work. The residents are a lovely group of people and there is a great staff team. I feel the residents are very well looked after and are very well fed. I have had a good induction to working here and my training is ongoing. I am very happy working here."

Quality Improvement Plan

Recommendations			
Recommendation 1	The registered manager should ensure that a Personal Emergency Evacuation Plan is completed for a resident who was recently admitted to the home.		
Ref: Standard 29.1	Response by Registered Person(s) detailing the actions taken: THE PERSONAL EMERGENCY EVALUATION PLAN IS NOW COMPLETED FOR THE MOST RECENT RESIDENT & THE OTHER RESIDENTS P.E.E.P.'S HAVE BEEN UPDATED.		
Stated: First time			
To be completed by: 02 February 2016			
Registered Manager completing QIP	PHILIP McCLEERY	Date completed	24.02.16
Registered Person approving QIP	ANNE McCLEERY	Date approved	24.02.16
RQIA Inspector assessing response	Alicia McEavish	Date approved	29.02.16.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address