

Unannounced Care Inspection Report 2 February 2021



Tullywest Manor

Type of Service: Residential Care Home (RCH)
Address: 12 Tullywest Road, Saintfield, BT24 7LX
Tel no: 028 9751 1234
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 26 residents.

3.0 Service details

Organisation/Registered Provider: Tullywest Manor Responsible Individuals: James McKelvey Anne McCleery	Registered Manager and date registered: Philip James McCleery 30 July 2019
Person in charge at the time of inspection: Philip McCleery	Number of registered places: 26
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 22

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 2 February 2021 between 10.30 and 17.50 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they received good care in Tullywest Manor and that staff treated them with kindness.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Philip McCleery, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report from the previous care inspection

During the inspection the inspector met with eleven residents, four care staff and a member of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. Comments provided are contained within the report.

The following records were examined during the inspection:

- duty rotas
- recruitment record of three staff members
- staff training
- staff inductions
- staff supervision and appraisal
- staff registrations with professional body
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- three residents' care records
- fire risk assessment

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 November 2019. No further actions were required to be taken following the most recent inspection.

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. A wash hand basin had been installed in the reception area for all visitors to cleanse their hands. Visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift and residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We saw that staff encouraged, and assisted where necessary, residents to wash their hands before taking meals. There were also hand wipes in the dining room. This is good practice.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Staff also reported that all points which may be regularly touched by residents and staff were thoroughly cleansed several times daily.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment dated 19 February 2020. We saw that not all recommendations had been actioned. This was identified as an area for improvement. The manager later provided written confirmation that a new fire risk assessment was to be completed on 25 February 2021.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

There was a system in place to have all necessary pre-employment checks completed to ensure that staff were safe to work in the home. We noted that although one member of staff had correctly made application to the Northern Ireland Social Care Council (NISCC), the manager had not identified that a delay in the registration process had occurred. This was identified as an area for improvement.

Staff had not been provided with regular, formal supervision and an annual appraisal throughout the period of the Covid-19 pandemic. This was identified as an area for improvement. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; residents were well presented and nicely dressed. It was evident that staff knew the residents well; all staff, including domestic staff, spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "It's good here. The staff are helpful and are very nice."
- ""The food here is lovely...there's plenty to eat and always something on the menu that I like and I can always get something else if I don't fancy what's on the menu that day. We get lots of hot drinks and snacks during the day, sometimes too much to eat! The staff also put a jug of water or juice in the bedrooms."
- "The staff come quickly if I use my call bell. The staff work very hard, they are very attentive."

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home and window visits continued for those residents who preferred this.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

One questionnaire response was received by RQIA from a visiting professional. The respondent indicated that they were very satisfied with all aspects of the care and services provided in Tullywest Manor.

6.2.5 Care records

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and assistant manager and described them as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as falls, IPC which included staff compliance with correct wearing of PPE and hand hygiene practices. The audits helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately. We provided advice on how the template used to record these could be further developed.

The manager provided assurance that complaints were managed appropriately and that complaints, although rarely received, were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some compliments received are as follows:

- "You all looked after my (relative) with such care, dignity, respect and love. I was always secure in the knowledge that he was in safe hands...thank you for your support to me and my family, particularly in (my relative's) final days. You all do such a fantastic job..."
- "...thank you so much for the care and kindness you all showed to (my relative) during her years at Tullywest. She thoroughly enjoyed her time here and thought the world of you all. Knowing she was so well looked after gave me peace of mind..."

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home and staff adherence to the current PPE guidance.

Areas for improvement

Three areas for improvement were identified during this inspection. These related to staff registrations with NISCC, staff supervision and annual appraisal and the home's fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Tullywest Manor was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philip McCleery, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (b) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that staff are supported to meet and maintain the standards and requirements for their relevant codes of practice. This is specifically in relation to the following: <ul style="list-style-type: none"> • a robust system of review of the status of staff registrations with NISCC • timely and proactive communication with NISCC regarding any delays in registration. Ref: 6.2.3
	Response by registered person detailing the actions taken: NISCC registration is now checked as part of the application process and then progress checked at the end of the induction period.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 26 March 2021	The registered person shall ensure that all actions recommended in fire risk assessments are addressed and signed and dated when completed. Ref: 6.2.2
	Response by registered person detailing the actions taken: All recommendations addressed and actioned were appropriate. New Fire Risk Assessment completed 25.02.21.
Area for improvement 2 Ref: Standard 24.2 and 24.5 Stated: First time To be completed by: 31 March 2021	The registered person shall ensure that suitable arrangements are put in place to provide staff with the following: <ul style="list-style-type: none"> • a recorded individual, formal supervision no less than every six months • a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. Ref: 6.2.3
	Response by registered person detailing the actions taken: Supervision & Appraisal for all staff is commenced on week beginning 15.03.21.

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



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