



Unannounced Care Inspection Report 2 May 2019



Tullywest Manor

Type of Service: Residential Care Home
Address: 12 Tullywest Road, Saintfield BT24 7LX
Tel no: 028 9751 1234
Inspectors: Alice McTavish and Gavin Doherty

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 registered residential care home which provides care for up to 26 older people and people who have dementia or a disability.

3.0 Service details

Organisation/Registered Provider: Tullywest Manor Responsible Individuals: Anne McCleery and James McKelvey	Registered Manager and date registered: Philip James McCleery, Registration pending
Person in charge at the time of inspection: Philip James McCleery	Number of registered places: 26
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 23

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.50 to 16.30.

This inspection was undertaken by a care inspector and an estates inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of previous estates and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff training, induction and supervision, care records, communication, governance arrangements and to maintaining good working relationships.

No areas requiring improvement were identified.

Residents described living in the home as being a good experience. Residents less able to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, professionals and staff during and after the inspection are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Philip McCleery, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent finance and medicines management inspections

One area for improvement was made in the last finance inspection. Evidence was obtained during this inspection to validate that the improvement was made.

There were no areas for improvement identified during the last medicines management inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, namely estates or finance issues, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five residents or their relatives returned questionnaires to RQIA. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27 April to 3 May and 18 to 24 May 2019
- staff training schedule
- two staff recruitment records
- staff induction records
- staff supervision and appraisal schedule
- staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from February to April 2019
- RQIA registration certificate
- Employer's liability insurance certificate
- records of services provided by the hairdresser and podiatrist
- fire risk assessment
- risk assessment for the control of Legionella bacteria in the premises water systems
- fire detection and alarm system service documentation and user checks
- emergency lighting installation service documentation and user checks
- fire-fighting equipment service documentation and user checks
- Gas safe certification
- 'Thorough Examination (LOLER)' documentation for stair lift and residents hoist

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care and premises inspections

Areas for improvement identified at previous care and premises inspections have been reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There were care staff, and laundry, kitchen and domestic staff on duty during the day, and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received their full mandatory training before they started their duties and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got supervision and this happened more often when they were new to the home. All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The manager told us that the care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year was being completed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to the relevant trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

The inspectors walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Some bedrooms had an en-suite bathroom. Bedrooms and bathrooms were personalised and there were no malodours. A resident told us: "This is a very good place. My room is comfortable. At first I was in a shared room but I was able to get my own room when one became available and I like this better. I can get a great night's sleep."

There was a communal lounge for the use of residents on the ground floor along with a dining room and a conservatory. It was good to note that one of the assisted bathrooms had been refurbished. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

The manager told us that he makes sure that residents living in Tullywest Manor enjoy as much freedom as possible whilst remaining safe and that residents and their visitors were free to come and go as they please.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

We spoke with a member of domestic staff who told us about a new cleaning schedule which had been introduced. This was working well as it clearly showed the daily, weekly and monthly tasks that had been done and made it easier for the domestic staff to see what still needed to be done.

The manager described how any outbreaks of infection would be managed and reported to the appropriate bodies.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. A member of staff said, “There is a great team of staff and we get to know the residents very well.”

Management of risks relating to residents

The manager described a robust assessment and admissions process to before residents could be admitted to Tullywest Manor. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident might be at risk of falling, a pressure alarm mat might be used to let staff know that the resident has left their bed.

The manager described how there were good working relationships between staff in the home and professional services. A general practitioner came to the home every fortnight. This helped to identify any early changes in residents’ physical and mental health and to get more prompt treatment. Community nursing services attended residents regularly and supplied and equipment necessary for the benefit of residents.

We spoke with two visiting professionals who spoke positively about the care in the home. One professional said, “The care here is excellent. The residents are very happy. I come here during the week and at weekends and I get to meet with (residents’) relatives and they always tell me they are very happy with the care here. The staff follow any recommendations we make and they let us know if there are any concerns about the health of a resident. I can find no fault with the care here, and if I did, I know the manager would be keen to address it.” Another professional said, “I think the care here is excellent.”

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

We saw that there was comprehensive pre-admission information present, that there was a full assessment of needs and that the care plans covered every necessary area. There were risk assessments completed, where necessary. We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display on the wall near the doors that residents knew what was available. Staff and residents were able to describe how alternative choices were available if residents wished. Staff also told us that most residents chose to take their breakfast in their rooms; we saw evidence of this when we arrived at the home.

We could see that the portion sizes at lunch time were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. A resident said, ‘I enjoyed my breakfast!’ Another resident said, “I really like the food. I always get plenty to eat and there’s always a good dessert.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and to communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

A resident reported how his first night in the home was good: "I got a good night's sleep. The staff have been very nice to me. I will be happy here."

We could see that residents' wishes, interests and preferences were reflected in care records; for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we joined residents who were painting; the group chatted together and were clearly enjoying themselves. Residents said that they enjoyed the activities on offer. A programme of available activities was displayed as were photographs of some more recent events in the home.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

A resident described life in Tullywest Manor: "I couldn't fault this place. The girls (staff) are great, they couldn't do enough for you. Even at night they come to you immediately if you ring the bell. I get lots of visitors. My family know I am safe and happy so coming here has been good for them, for they know they don't have to worry about me. When I was at home I often fell and lay on the floor for a long time before anyone would find me. I know that won't happen here."

A relative of a resident told us: "Mum loves it here and she has settled in very well. The staff are very good to her and help her with everything she needs. Now that the weather is getting better, they take her out for walks around the garden and she really loves this. I am very pleased with the care here."

Another relative said, "Tullywest is brilliant! My mum is very happy here. She likes the food and enjoys the company. I am always welcomed here. The staff treat the residents very well."

Five questionnaires were returned RQIA from residents or their relatives. All respondents indicated that they were satisfied or very satisfied that the care was safe and effective, that residents were treated with compassion and that the home was well led.

One relative commented, "My mother's care is outstanding," and another commented: "I am very happy that my father was able to move to Tullywest. I feel that he is extremely well looked after and the staff know him and his needs precisely. Loving, friendly environment".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how he and the senior care staff spent time completing audits of areas such as accidents and incidents, care records and IPC and looked for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale.

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. Staff told us how information was exchanged at every shift to make sure that all of the relevant details were communicated to staff. Staff also told us that the manager, the assistant manager and the care supervisor were always available to discuss any concerns and to give guidance and support.

Estates management

The manager shared available relevant documentation with us relating to the premises.

We saw that a current fire risk assessment for the premises was in place and that the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors.

We saw that a new fire detection and alarm system had been installed since the last inspection to the premises. The servicing of this system, the emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained. We also noted that swing free door closers, linked to the fire detection and alarm system, had been installed on all bedroom doors. These continued improvements to fire safety within the home are to be commended.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment had been addressed on 2 July 2018. Again, the servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' electrical and gas installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

We noted that the paint finish to the external fire escape adjacent to bedroom 8, and the walls of the Laundry were unacceptable at the time of the inspection. However, the manager confirmed subsequently that this work was undertaken and completed on 17 May 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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