

# Inspection Report

2 May 2023



## Tullywest Manor

**Type of Service: Residential Care Home**

**Address: 12 Tullywest Road,  
Saintfield, BT24 7LX**

**Tel no: 028 9751 1234**

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Tullywest Manor  <b>Responsible Individuals:</b> Anne McCleery James McKelvey	<b>Registered Manager:</b> Mr Philip James McCleery  <b>Date registered:</b> 30/07/2019
<b>Person in charge at the time of inspection:</b> Mr Phillip James McCleery	<b>Number of registered places:</b> 26  The home is approved to provide day care to one named resident.
<b>Categories of care:</b> 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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 22
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides social care for up to 26 persons. Resident bedrooms are located over two floors. Residents have access to a communal lounge, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 May 2023, from 9.40am to 18.00pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident 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.

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Tullywest Manor was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Tullywest Manor.

The findings of this report will provide the manager 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 the previous areas for improvement issued, 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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 Mr Phillip James McCleery at the conclusion of the inspection.

### **4.0 What people told us about the service**

Nine residents, five staff and three relatives were spoken with during the inspection. Residents commented positively regarding the home and said they felt they were well looked after. One

resident said, “The food is good and we are well looked after, I have no complaints”, whilst another said “The food and the care is good, my room is kept clean and tidy”.  
A relative spoke of how, “The care is excellent and management are approachable”.

Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

Five staff told us they were happy working in Tullywest Manor and with the positive support of management.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No comments were provided by staff, via the on-line staff survey, or from residents via the questionnaires provided. Three relatives responded to the questionnaires indicating a high degree of satisfaction with the care and services in the home.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 29 September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that whenever a resident is prescribed regular medicines for the management of pain this is reflected in a care plan.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that mandatory staff training is brought up to date, specifically fire training and fire drills, COSHH, and MCA / DoLS	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> First time	The Registered Person shall ensure that a record is kept of all activities, the person leading the activity and the names of the residents who participate.  This is discussed in section 5.2.4	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence of recent staff meetings.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected 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.

There was limited evidence that all staff were having regular planned supervision and appraisals. An area for improvement were identified.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

### 5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

The daily menu was not in an accessible format for residents. An area for improvement was identified.

The dining experience was an opportunity of 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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed 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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Some resident's bedrooms did not have a call bell lead available. If a resident cannot use a call bell, this needs to be care planned for, and the systems that are in place for a resident to summon assistance need to be identified. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Hand towel dispensers and paper hand towels were not available in each bedroom. This was discussed with the manager and an area for improvement was identified.

A fire escape door did not have the key available at the door. This was discussed with the manager, who arranged for the key to be put back in place at the fire escape door. This key needs to be available at all times in the event of an emergency.



There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Toilet cleaner was available in toilets and was not locked away securely. Cleaning chemicals were found at the back door to the home, and a cleaning store was left unlocked. This was discussed with the manager who arranged for these hazards to be addressed. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with 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.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents spoke of activities that staff carried out with them, and there was an activity planner on display in the home. The recording of these activities was limited. This area for improvement was stated for a second time.

There was no evidence of resident's meetings taking place in the home. These meetings should allow for residents to express their views, and be consulted about the running of the home. An area for improvement was identified.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mr James McCleery Has been the manager in this home since 30 July 2019.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. It was discussed with the manager the need for the actions taken following audits to be recorded. This will be reviewed at a subsequent inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.



Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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.

There was a system in place to manage complaints.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Review of these records highlighted that they were not completed in sufficient detail, in terms of a sample of residents, staff and relatives spoken with on the visit; and their views recorded. An area for improvement was identified.

## 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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	7*

\* the total number of areas for improvement includes one that has been stated for a second time, and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Phillip James McCleery, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection.	<p>The registered person shall ensure that substances hazardous to the health of residents, such as toilet cleaner and cleaning chemicals, are safely stored in accordance with COSHH requirements. Domestic stores also need to be kept locked.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Cleaning materials are all now stored correctly and domestic cleaning stores kept locked.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that the person carrying out the visits, interviews with their consent such of the residents, representatives and the persons working in the home, to form an opinion of the standard provided.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered provider report form has been amended to include comments from anyone spoken to during the visit.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 2 January 2022	<p>The registered person shall ensure that whenever a resident is prescribed regular medicines for the management of pain this is reflected in a care plan.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> Second time	<p>The Registered Person shall ensure that a record is kept of all activities, the person leading the activity and the names of the residents who participate.</p> <p>Ref: 5.1,5.2.4</p>

<b>To be completed by:</b> 1 December 2022	<b>Response by registered person detailing the actions taken:</b> The activity folder is now located in the main lounge to make recording easier.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 24  <b>Stated:</b> First time	The registered person shall ensure that staff have recorded formal supervision no less than every six months, and an annual recorded appraisal.  Ref: 5.2.1
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Staff supervision completed in May. Staff Appraisals to be completed by the end of July.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that the menu board is displayed in a suitable format and in an appropriate location, so residents and their representatives know what is available at each mealtime  Ref: 5.2.2
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> The menu board is located directly outside the dining room and displays the daily meal selections.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs and are regularly reviewed. This is made in regards to the use of call bells.  Ref: 5.2.2
<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> All care plans record if the Resident can use the "call" system or if another form of communication is required, (i.e alarm mats)
<b>Area for improvement 6</b>  <b>Ref:</b> Standard E38  <b>Stated:</b> First time	The registered person shall ensure that there are paper towels available in areas where care is provided.  Ref: 5.2.3

<b>To be completed by:</b>  1 September 2023	<b>Response by registered person detailing the actions taken:</b> Hand towel dispensers have now been installed in all bedrooms.
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time  <b>To be completed by:</b>  From the date of inspection	The registered person shall ensure the home has systems where residents can express their views and be consulted about the running of the home. This is stated in relation to resident's meetings.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> While we don't have formal Resident meetings, we do carry out 1-to-1 conversations which we find more beneficial as Residents tend to be more open & honest.

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

