Unannounced Care Inspection Report
15 November 2019

Tullywest Manor

Type of Service: Residential Care Home
Address: 12 Tullywest Road, Saintfield BT24 7LX
Tel no: 0289751 1234
Inspector: Alice McTavish

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 residents.

3.0 Service details

Organisation/Registered Provider: Tullywest Manor **Responsible Individuals:** Anne McCleery James McKelvey	**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	**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 15 November 2019 from 10.05 to 14.10 hours.

The inspection focused on care records and sought to engage with residents, their relatives to obtain their views on the quality of care provided in the home.

Evidence of good practice was found in relation to the level of detail contained in the care records and to the systems in place to ensure that care records were kept up to date and accurate.

No areas requiring improvement were identified.

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

Comments received from residents and people who visit them 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, registered 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 inspection dated 2 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 May 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the most recent care inspection, registration information and any other written or verbal information received.

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 questionnaires were returned by residents' relatives. No questionnaires were returned by staff.

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

- four residents' records of care
- accident/incident records from May to September 2019
- RQIA registration certificate

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 inspection dated 2 May 2019

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

Care records

The care files for each resident were stored securely. Any changes or updates to the care records were completed in the staff offices and this ensured confidentiality.

A review of the care records confirmed that these were maintained in line with the legislation and standards. The records were written in a professional manner using language which was respectful to the individual. The files contained pre-admission information which allowed staff to become familiar with the specific needs of each individual and to make preparations to meet these needs in the home.

Staff in the home completed care needs assessments, risk assessments and care plans for each resident. The risk assessments covered such areas as moving and handling, choking, nutrition, falls and skin condition, where necessary. The care plans provided staff with guidance as to how the identified needs should be met and how any risks present could be minimised. The care documentation was completed in detail and with a focus on individualised, person-centred care.

All documents were kept up to date, regularly reviewed and appropriately signed and dated.

Multi-professional involvement in the residents' health and social care needs was documented where necessary and this was kept up to date to accurately reflect any changes. The care records noted visits from General Practitioners (GPs), community nursing, dieticians, speech and language therapists and other associated professionals.

Residents were weighed regularly and any significant weight loss was appropriately referred to the residents' GPs; care staff reported that there was good communication between care and catering staff to ensure that any residents at risk of losing weight were provided with an enriched diet.

There were regular reviews of the care provided in the home which were attended by all relevant parties. Staff in the home completed a care review preparation report; this was completed in a high level of detail and demonstrated that staff were very familiar with the care needs of individual residents.

There was a system in place to audit care files regularly to ensure that all documentation was complete, up to date and accurate. This helped to ensure that any changing needs were comprehensively recorded and acted upon.

It was evident that there were systems in place to ensure that written and verbal information was accurately and comprehensively recorded. This supported the delivery of safe and effective care whilst also supporting person-centred, compassionate care to the individual residents. It was also evident that the manager ensured that care records were maintained to a good standard and that care in the home was well led.

Residents' and relatives' views on the quality of care provided in the home

Each of the residents and the relatives with whom we spoke indicated a high level of satisfaction with the care provided in Tullywest Manor. The comments received from residents during the inspection are as follows:

- "You couldn't get any better!"
- "The girls (staff) are great – nothing's too much trouble for them."
- "They are very good to us all."
- "The girls make sure I'm well turned out. They cut and file my nails and put whatever colour of nail polish on them so I look good. They do my hair too and I also go to the hairdresser. They help me to choose what I want to wear every night before I go to bed and we lie the clothes out together. They couldn't be better."
- "I'm so happy here. The food is really lovely. I like to rise early and the girls take a tray of porridge and toast up to me every morning. Then I get another breakfast during the morning – the girls come around with tea and scones. They make all the scones and cakes here and they're lovely. They give me more tea for they know I love it hot and I often take two or three cups of it. There's always a good choice (of food) and we get asked what we want. The staff are very nice to me, I couldn't ask for better…I know I can go to Philip (manager) if there's anything bothering me."
- "I've only just arrived here from hospital but the staff welcomed me and showed me around the home, my room and my bathroom. They have been very attentive and reassuring. I have met the manager too and he seems to be very nice. I was happy to come here as I have always heard good reports about Tullywest Manor and I like it so far. I know some of the staff here; it makes me to feel comfortable."
- "The staff here look after me extremely well. I get well fed, my room is lovely and comfortable and I get a great night's sleep. I couldn't complain about this place."

Comments received from residents' relatives and visitors were as follows:

- "This is a good place, there's nowhere better."
- "We have found all the staff here to be very good; they are helpful and approachable. The manager had been helpful and arranged for (our relative) to get a bed lever from the community services to help her to get out of bed."
- "This is a great place. I've had two relatives who have lived here and I have found this place to be second to none."

Five residents' relatives returned questionnaires to RQIA. Four respondents indicated that they were very satisfied with all aspects of the care and services and one respondent indicated that they were satisfied with all aspects. A respondent commented: "We are very happy with the level of care our (relative) receives. She herself would rather be at home, but is satisfied and content in Tullywest and will tell you she is well looked after. The staff have time for each individual."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care needs assessments, care planning and the regular review of care records.

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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