



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Tullywest Manor</b>
<b>Establishment ID No:</b>	<b>1661</b>
<b>Date of Inspection:</b>	<b>16 March 2015</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16671</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of home:</b>	Tullywest Manor
<b>Address:</b>	12 Tullywest Road Saintfield BT24 7LX
<b>Telephone number:</b>	(028) 9751 1234
<b>Email address:</b>	tullywestmanor@googlemail.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Anne McCleery Dr James McKelvey
<b>Registered Manager:</b>	Mrs Anne McCleery
<b>Person in charge of the home at the time of inspection:</b>	Mr Philip McCleery, Assistant Manager
<b>Categories of care:</b>	RC-DE, RC-PH, RC-PH(E), RC-I
<b>Number of registered places:</b>	26
<b>Number of residents accommodated on day of Inspection:</b>	24
<b>Scale of charges (per week):</b>	£461.00 per week plus £50 top-up per month
<b>Date and type of previous inspection:</b>	4 September 2015 Primary Announced Care Inspection
<b>Date and time of inspection:</b>	16 March 2015 2.15pm to 4.20pm
<b>Name of Inspector:</b>	Kylie Connor

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the issues within the previous quality improvement plan have been met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Tullywest Manor is owned and operated by Mrs Anne McCleery and Dr James McKelvey. Mrs Anne McCleery is the registered manager and has been registered with RQIA from 2005. The home is situated in a rural location 3.5 miles from Saintfield and 4.5 miles from Ballynahinch.

There is a heated conservatory at the entrance which provides an additional bright sitting area. There are six bedrooms on the ground floor, but most are on the first floor with a mixture of singles and doubles. Some rooms have en-suite toilet facilities and all rooms have wash hand basins.

The stairway is wide and at one side, a stair lift operates. There is a spacious living room, subdivided into two areas. The dining room, although small can accommodate residents and their needs. There is a small staff office at the entrance of the home and a second office in a portacabin at the rear of the home.

The grounds are spacious and the inside and outside presentation of the home is very good and clearly well maintained. The home is registered for twenty-six persons in the following categories of care:

### Residential Care

RC - I  
RC-PH  
RC-PH (E)  
DC- DE

## 7.0 Summary of inspection

This is a summary of an unannounced secondary care inspection of Tullywest Manor Residential Home which took place on 16 March 2015 from 2.15pm to 4.20pm by Kylie Connor, Inspector. The assistant manager was available for discussion, clarification and feedback during and at the conclusion of the inspection.

The home was observed to be clean, tidy and fresh smelling. The inspector spoke to residents, staff and a visitor. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents. Further information is available in section 9.0 of the report.

The inspector examined the previous quality improvement plan. Two requirements and four recommendations were found to have been addressed. One requirement and one recommendation were not addressed in the areas of the fire safety assessment and review of a policy and procedure.

One requirement and two recommendations have been made following this inspection. The inspector wishes to acknowledge the full co-operation of the assistant manager, residents, a visitor and staff throughout the duration of the inspection.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (c) (iii)	All staff should completed training in providing care and support to persons with dementia.	Review of staff training records and discussion with the assistant manager evidenced that some staff had completed training on 19 January 2015 and a second session for remaining staff is scheduled for 1 May 2015. This is addressed.	Compliant
2	14 (2) (c)	<ul style="list-style-type: none"> <li>Develop a policy and procedure on the safe use of bedrails which is compliant with DHSSPS guidance.</li> <li>Bedrails should not be used unless the resident has been assessed by an appropriately qualified professional</li> </ul>	The bedrail policy was reviewed but it was not dated or signed. A recommendation has been made. The inspector advised that all assessments for bedrails are carried out by a competent person who has been trained. Discussion with the supervisor and review of care plans evidenced that, following a review of bedrails, these had been removed. The supervisor confirmed that one identified resident would be assessed by the district nurse. This is addressed.	Compliant
3	27 (4) (d) (v)	<ul style="list-style-type: none"> <li>Return the most recent fire safety risk assessment with actions taken to address recommendations to the estates inspector.</li> <li>Confirm arrangements in place to ensure that there are no omissions in fire safety checks</li> </ul>	The most recent fire risk assessment was dated 9 September 2014. The assistant manager stated that progress had been made but not all actions had been completed. The assistant manager confirmed he will complete this. Fire training records evidenced that training is scheduled for 26 March 2015. Fire safety check records for February 2015 evidenced these were completed. This is not fully addressed.	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1 10.2 10.7	<p>The responsible person should review the policy on responding to resident behaviour:</p> <ul style="list-style-type: none"> <li>• fully reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998)</li> <li>• Ensure that responses to uncharacteristic behaviour are detailed</li> <li>• the use of physical restraint as stated in the homes policy is reviewed.</li> </ul>	<p>Review of the policy did not evidence that it was fully compliant with DHSSPS guidance. Guidance referred to in the policy is not current best practice guidance. Restrictive practices are not detailed. The section on the use of physical restraint should be reviewed given that the assistant manager confirmed that staff are not currently trained in the use of physical restraint. The policy details uncharacteristic behaviour. This is partly addressed.</p>	Moving towards compliance
2	10.6	<p>Improve accident and incident records to detail the possible cause, action taken to prevent a reoccurrence and state when notification to residents representatives, the trust and RQIA was made(as appropriate).</p>	<p>Review of records and discussions with the supervisor confirmed that a system is in place to review accidents and incidents. The home agreed to notify all accidents to RQIA, care managers and families.</p>	Compliant
3	10.7	<p>Review the statement of purpose to describe the types of restrictive practices which may be used in the home with consideration of the Human Rights Act (1998).</p>	<p>Review of this section detailed this is addressed. However, the inspector advises that, where staff may be expected to use physical restraint on any occasion, staff are suitable trained.</p>	Compliant

4	13.5	<p>Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p> <ul style="list-style-type: none"> <li>• Review and improve the activity programme/information on display and the arts and crafts materials.</li> </ul>	Review of a list on display and discussions with the assistant manager, supervisor and residents confirmed this is addressed.	Compliant
5	13.9	Improve the recording of activity provision to include the start and finish times and ensure written consent is put in place for photography and other forms of media.	Review of activity records and discussion with the assistant manager and supervisor confirmed this is addressed.	Compliant



## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Resident's consultation**

The inspector spoke with twelve residents individually and in small groups. Residents were observed chatting with staff, watching television and chatting with visitors. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments included:

- "It's very good. Everything is perfect."
- "It's very homely, they do anything for you."
- "They bring you lovely porridge and you can get back into bed again."
- "The food is very good."

### **9.2 Relatives/representative consultation**

The inspector spoke to one visitor who expressed positive views in regard to staff attitude and the presentation of the environment.

### **9.3 Staff consultation**

The inspector spoke with two staff members of different grades and roles, greeted and observed others in the course of their work during the inspection. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents.

### **9.4 Environment**

The inspector viewed a number of communal areas and a number of individual bedrooms alone. A number of water marks were observed on ceilings, most notably the dining room ceiling. The assistant manager and supervisor confirmed that these had been caused by water leaks which have been fixed and that there are plans to make these areas good. There was evidence that the home is being maintained appropriately.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed was discussed with Mr Philip McCleery as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## **Quality Improvement Plan**

### **Secondary Unannounced Care Inspection**

**Tullywest Manor**

**16 March 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Philip McCleery either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Inspection findings	Timescale
1	27 (4) (d) (v) (Ref: Section 8)	Return the most recent fire safety risk assessment (dated 9 September 2014) with the actions taken to address recommendations made.  <b>Failure to achieve compliance may result in the Authority initiating enforcement action.</b>	Two	The Fire Risk Assessment has been updated to include the actions taken to address the recommendations made. Available for inspection	By return of QIP

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Inspection Findings	Timescale
1	10.1 10.2 10.7 (Ref: Section 8)	<p>The responsible person should review the policy on responding to resident behaviour :</p> <ul style="list-style-type: none"> <li>• fully reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998)</li> <li>• the use of physical restraint as stated in the home's policy is reviewed.</li> </ul> <p><b>Failure to achieve compliance may result in the Authority initiating enforcement action.</b></p>	Two	The Policy on Responding to Residents behaviour has been amended and a copy forwarded.	By return of QIP
2	21.4 (Ref: Section 8)	Policies and procedures are dated when issued, reviewed or revised.	One	Policies are signed upon review.	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Anne McCleery
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Anne McCleery

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	K.Connor	8/5/15
Further information requested from provider			