

Inspection Report

18 May 2021



Tullywest Manor

Type of Service: Residential Care Home
Address: 12 Tullywest Road, Saintfield, BT24 7LX
Tel no: 028 9751 1234

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

Organisation/Registered Provider: Tullywest Manor Responsible Individuals: James McKelvey Anne McCleery	Registered Manager: Mr Philip James McCleery Date registered: 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 care home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: 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 18 May 2021 between 9.50 a.m. and 5.45 p.m. The inspection was undertaken by a care 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.

One area for improvement was stated for a second time. Six new areas requiring improvement were identified. These related to staff training, the staff duty rota, complaints records, the home's falls policy, the updating of care plans and risk assessments following falls and to the recording of post falls care.

RQIA was assured that the delivery of care and service provided in Tullywest Manor was safe, effective, compassionate and well led.

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, information held by RQIA about this home was reviewed. 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 residents, their relatives or visitors and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with seven residents and four staff. Residents spoke highly on the care that they received and on their interactions with staff. Residents said that staff treated them with respect and that they would have no issues in raising any concerns with staff. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke positively about the care provided to residents and the support given to them by management.

No completed questionnaires were received from residents. One member of staff responded to the online survey and indicated that they were satisfied with the care provided within Tullywest Manor.

5.0 The inspection

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

The last inspection to Tullywest Manor was undertaken on 2 February 2021 by a care inspector.

Areas for improvement from the last inspection on 2 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 (b) Stated: First time	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	Met
	Action taken as confirmed during the inspection: Inspection of records of staff registrations with NISCC identified that this was addressed.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	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	Partially met
	Action taken as confirmed during the inspection: Inspection of the fire risk assessment identified that not all actions recommended in fire risk assessments are addressed and signed and dated when completed. This area for improvement is therefore stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Standard 24.2 and 24.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that suitable arrangements are put in place to provide staff with the following:</p> <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. <p>Ref: 6.2.3</p> <p>Action taken as confirmed during the inspection: Discussion with staff and inspection of records confirmed this was addressed.</p>	<p>Met</p>
---	---	-------------------

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held. It was noted, however, that some training was out of date and that there was no system in place to ensure that all new staff, including ancillary staff, completed training in The Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) at the commencement of employment. Whilst staff participation in an annual fire drill was now placed on the training records, it was established that such drill had not been completed within the past year. These aspects of mandatory training were identified as an area for improvement.

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 all of the staff working in the home on a daily basis. It was noted that the duty rota did not clearly show the capacity in which staff worked in the home or identify the person in charge when the manager was not on duty. This was identified as an area for improvement.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; staff attended to residents in a caring and compassionate manner.

Residents said that staff treated them kindly, responded promptly to call bells and that they enjoyed the food. A resident spoke of how coming to live in Tullywest Manor had 'raised him up, having people around him again' and described the home as 'a great place'.

A review of records, observation of practice and discussion with residents and staff established that there was safe staffing in the home. Two aspects of staffing will be improved through compliance with the areas for improvement identified.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

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.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a regular basis. Staff said they were confident about reporting concerns about residents' safety and poor practice.

The manager reported that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home; complaints were used as a learning opportunity to improve practices and the quality of services provided by the home. A review of complaints records identified that the system to record the management of complaints needed to include additional information. This was identified as an area for improvement.

Discussion with the manager confirmed that the use of any restrictive practices was effectively managed. The manager also confirmed that most care staff had attended training relating to the potential use of restrictive practices and best interest decision making.

All staff were noted to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents, were respectful, understanding and sensitive to residents' needs.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel safe and be safe. The area of complaints management will be improved through compliance with the area for improvement identified.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Inspection of the home's environment included a selection of bedrooms, storage spaces and communal areas such as the lounge, dining room and bathrooms. There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and were regularly monitored. There was a fire risk assessment completed on 21 January 2021.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said the home was kept very clean and comfortable.

The home's environment was well managed to provide a comfortable and safe environment for residents.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

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.

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.

Residents said they were relieved that restrictions on visiting had been relaxed and they were enjoying receiving more frequent visits from family and friends.

It was established that appropriate arrangements were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

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 resident 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. This was good practice.

Staff were knowledgeable about how to effectively monitor residents' skin and understood the pathway for referring to the multidisciplinary team, such as district nursing. The manager and staff were also familiar with how residents should be assisted by staff to change their position regularly. Skin care was clearly recorded in residents' care records.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was noted within residents' care records. A critical analysis of falls within the home was completed to determine if anything more could be done to prevent future falls occurring.

There was also evidence of appropriate onward referral as a result of this analysis to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

It was noted, however, that the home's policy regarding falls needed to be updated to reflect the procedure for managing such events, especially those where a head injury is suspected. This was identified as an area for improvement. A review of care records identified an instance of where a care plan and risk assessment was not reviewed after a resident had a fall. This was identified as an area for improvement. It was also noted that regular observations were not recorded after a resident had a fall and post falls assessments were not routinely shared with residents' GPs. This was identified as a further area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Meals taken in the dining room provided an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. 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. Residents said that they had enjoyed their meal and the company of others.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this. 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 clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents in relation to skin care and nutrition. Some deficits were noted in relation to the management of falls which will be improved through compliance with the three areas for improvement identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's 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. A record of the meeting, including any actions required, was provided to the home.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes.

5.2.7 How does the service support residents to have meaning and purpose to their day?

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. Residents said that staff offered choices to them throughout the day about 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.

There were activities provided for residents by staff and residents said that there was enough to keep them occupied during the day.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, care records, IPC and the home's environment.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. A record of compliments received about the home was kept and shared with the staff team. A recent compliment acknowledged the patience and care provided to a resident.

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

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents.

6.0 Conclusion

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within Tullywest Manor was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection, six new areas for improvement were identified. These related to staff training, the staff duty rota, complaints records, the home's falls policy, the updating of care plans and risk assessments following falls and to the recording of post falls care.

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' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* The total number of areas for improvement includes one which is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Philip McCleery, manager, and Ms Deborah West, assistant 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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 29.1 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that all actions recommended in fire risk assessments are addressed and signed and dated when completed.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Risk assessment completed June 2021.</p>
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 30 September 2021	<p>The registered person shall ensure that mandatory staff training is brought up to date, specifically fire training and fire drills, COSHH, and MCA / DoLS.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff training organised for 07th & 09th July 2021.</p>
Area for improvement 3 Ref: Standard 25.6 Stated: First time To be completed by: 30 June 2021	<p>The registered person shall ensure the staff duty rota shows the following:</p> <ul style="list-style-type: none"> • the capacity in which staff work in the home • the identity of the person in charge when the manager is not on duty. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff rotas amended to reflect the above.</p>
Area for improvement 4 Ref: Standard 17.10 Stated: First time To be completed by: 30 June 2021	<p>The registered person shall ensure that the system for recording complaints is amended to note the following:</p> <ul style="list-style-type: none"> • full details of any investigation and any action taken • whether the complainant is satisfied with the response • any further signposting needed • the signature and date of completion by the manager. <p>Ref: 5.2.2</p>

	Response by registered person detailing the actions taken: The complaints recording form has been amended to include further detail.
Area for improvement 5 Ref: Standard 21.1 Stated: First time To be completed by: 30 June 2021	The registered person shall ensure the home's falls policy is updated to include the following: <ul style="list-style-type: none"> • that care plans and risk assessments are to be reviewed after each fall • the procedure to be followed in the event that a resident has a head injury, including those residents who are prescribed anti-coagulant medications. Ref: 5.2.5
	Response by registered person detailing the actions taken: Falls policy has been updated to include the above detail.
Area for improvement 6 Ref: Standard 6.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the following: <ul style="list-style-type: none"> • care plans are reviewed to include clear direction for how any actual or suspected head injury is managed • risk assessments are reviewed after any fall Ref: 5.2.5
	Response by registered person detailing the actions taken: Post fall assessment tool now implemented and reviewed.
Area for improvement 7 Ref: Standard 8.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the following: <ul style="list-style-type: none"> • post falls observation records are implemented • a post falls assessment is shared with the resident's GP. Ref: 5.2.5
	Response by registered person detailing the actions taken: Post fall assessment tool now implemented and shared with GP.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care