

Inspection Report

23 April 2024



Tullywest Manor

Type of Service: Residential Care Home

Address: 12 Tullywest Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Tullywest Manor Responsible Individuals: Mrs Anne McCleery Mr James McKelvey	Registered Manager: Mr Philip James McCleery Date registered: 30/07/2019
Person in charge at the time of inspection: Mr Phillip James McCleery	Number of registered places: 26 The home is approved to provide day care to one named resident.
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: 22
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 23 April 2024, from 10.50am to 5.00pm 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.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

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.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for more 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 McCleery, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. One resident spoke of how, "The food is good, the care is good. I have no complaints."

Another resident spoke of how “All the staff are excellent, they are attentive. I have plenty of choice.”

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

A relative commented, “The care is excellent, staff are approachable and communication with the home is good.”

No additional feedback was received from residents or staff following the inspection. One questionnaire was received from a relative who identified a high degree of satisfaction with the care , but raised other concerns that were shared with the manager.

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

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 2 nd May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time	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	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Please refer to section 5.2.3 for details.	
Area for improvement 2 Ref: Regulation 29 (4)(a) Stated: First time	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.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)(Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 13.9 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 24 Stated: First time	The registered person shall ensure that staff have recorded formal supervision no less than every six months, and an annual recorded appraisal.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 12.4 Stated: 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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 5 Ref: Standard 6.2 Stated: 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard E38 Stated: First time	The registered person shall ensure that there are paper towels available in areas where care is provided.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 13.9 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Full pre-employment checks were not being carried out in the home in relation to a full employment history, and any employment gaps being explored. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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.

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 lunch menu displayed did not have a second choice, even though the home did offer this. This was discussed with the manager for his action.

The dining experience was an opportunity of residents to socialise, 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.

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.

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. Care plans reviewed did not all have photographs or the signatures of residents or their representatives. An area for improvement was identified.

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.

Toilet cleaner was available in the upstairs on-suite toilets and was not locked away securely. A COSHH and domestic store was also left unlocked. This was discussed with the manager who addressed these hazards on the day on inspection. An area for improvement was stated for a second time.

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.

A fire door on the ground floor was found to be sticking and there were some items in front of the door. There was a drop to the ground level on the outside of the door, due to ongoing building work. This was brought to the manager's attention and necessary remedial action was taken.

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.

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.

There was evidence of resident's meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

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' needs were met through a range of individual and group activities, such as chair exercises, arts and crafts, games and religious services. It was discussed with the manager for the recording of the activities to be more consistent. This will be reviewed at a subsequent inspection,

5.2.5 Management and Governance Arrangements

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

Through the review of care records, it was identified that one resident had weight loss and it was unclear if appropriate action had been taken. On the day of inspection, staff took appropriate action in relation to this. It was discussed with the manager the need for resident's weights to be regularly audited, and any necessary actions taken. An area for improvement was identified.

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 and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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

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.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. It was discussed with the manager the need for these reports to have more details in the concluding comments/action plan. These reports are available for review by residents, their representatives, the Trust and RQIA.

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 (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* the total number of areas for improvement includes one under Regulation that have been stated for a second time and one under the Standards 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, 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	
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: Second time To be completed by: 23 April 2023	<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: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Key pad door locks are to be fitted to all appropriate doors, to help ensure correct storage of all relevant substances.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)(Version 1:2)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 19 Stated: First time To be completed by: 23 April 2024	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. This is stated in relation to recording a full employment history, and any gaps in employment being explored.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Application and interview forms have been amended to include any gaps in employment and the reasons if applicable.</p>
Area for improvement 3 Ref: Standard 6 Stated: First time	<p>The registered person shall ensure that care plans contain a picture of the resident, and are signed by the resident or representative. If the resident or representative is unable to sign, this is recorded.</p> <p>Ref: 5.2.3</p>

To be completed by: 23 May 2024	Response by registered person detailing the actions taken: All care plans now include a photograph of the Resident.
Area for improvement 4 Ref: Standard 20.10 Stated: First time To be completed by: 23May 2024	The registered person shall ensure that the range of audits in the home is increased to include resident's weights. There is a clear action plan when deficits are identified, indicating actions taken. Ref: 5.2.5
	Response by registered person detailing the actions taken: We have created and actioned a Monthly weight audit.

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



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