

Inspection Report

29 September 2022



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 Anne McCleery James McKelvey	Registered Manager: Mr Philip James McCleery Date registered: 30 July 2019
Person in charge at the time of inspection: Mr Phillip James 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: 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 29 September 2022, from 9.40am to 5.30pm 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

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

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.

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.

4.0 What people told us about the service

Nine residents, four staff and one visiting professional were spoken with during the inspection. Residents commented positively regarding the home and said they felt they were well looked after. One resident said, "There is a real family atmosphere, the staff are talented and lovely", whilst another said "The staff are approachable, the food is exceptional, I feel safe here".

A visiting professional spoke of how, "The staff go above and beyond ,care wise".

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

Four 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 or relatives via the questionnaires provided.

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 December 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: 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.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was Partially met. This is discussed in section 5.2.1	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	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 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 8.2 Stated: First time	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 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 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. Ref: 5.2.1	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.	

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. Review of staff training indicated that not all staff were up to date with fire training. This was discussed with the manager, and an area for improvement was stated for a second time.

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.

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 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.

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.

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.

There were areas in the home where infection prevention and control issues were identified. For example a number of commode chairs needed replacing due to signs of rust; flooring in a bathroom was split at its edge. Full details were discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

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; however the recording of these activities was limited. This was discussed with the manager and 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 Philip 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.

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.

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.

On the day of inspection, the Regulation 29 reports were not available in the home for review. This was discussed with the manager and 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
Total number of Areas for Improvement	2*	1*

*the total number of areas for improvement includes one that have 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 Philip James McCleery, 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 13 (7) Stated: First time To be completed by: 1 January 2023	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. Ref: 5.2.3 Response by registered person detailing the actions taken: All commode chairs replaced and the downstairs shower room floor to be replaced by 16.12.22.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: Immediate action required	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. Ref 5.2.5 Response by registered person detailing the actions taken: Monthly reports restarted from October 2022.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)	
Area for improvement 4 Ref: Standard 6 Stated: First time To be completed by: 2 January 2022	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. Ref: 5.2.1 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 23.3 Stated: Second time To be completed by: 30 September 2021	The registered person shall ensure that mandatory staff training is brought up to date, specifically fire training and fire drills, COSHH, and MCA / DoLS Ref: 5.1, 5.2.1 Response by registered person detailing the actions taken: All Staff training completed.
Area for improvement 4 Ref: Standard 13.9 Stated: First time To be completed by: 01 December 2022	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. Ref: 5.2.4 Response by registered person detailing the actions taken: More robust recording of activities in place and regular checks done.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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