

# Unannounced Care Inspection Report 29 November 2016



## Tullywest Manor Residential Home

Type of service: Residential care home  
Address: 12 Tullywest Road, Saintfield, BT24 7LX  
Tel no: 028 9751 1234  
Inspector: Alice McTavish

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

An unannounced inspection of Tullywest Manor Residential Home took place on 29 November 2016 from 10.00 to 15.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to a review of the home's policy on records management.

### **Is care compassionate?**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Philip McCleery, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 July 2016.

<b>Registered organisation/registered person:</b> Tullywest Manor/Mrs Anne McCleery	<b>Registered manager:</b> Mr Philip James McCleery (acting manager)
<b>Person in charge of the home at the time of inspection:</b> Mr Philip McCleery	<b>Date manager registered:</b> Acting manager since 2 February 2016
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 26

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with eight residents, two care staff, the cook, the domestic and four residents' visitors/representatives and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of four residents
- Accident/incident/notifiable events register
- Fire drill records
- Individual written agreement

- Programme of activities
- Policies and procedures manual

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twelve questionnaires were returned within the requested timescale.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2016	The registered provider must ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period of time in his absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of documentation confirmed that a competency and capability assessment was carried out with any person who is given the responsibility of being in charge of the home for any period of time in his absence of the manager.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2016	The registered provider should ensure that: <ul style="list-style-type: none"> <li>all mandatory training is kept up to date</li> <li>a robust system is developed and maintained for ensuring that mandatory training is kept up to date</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of staff training records confirmed that all mandatory training was up to date and that a robust system was in place to ensure that such training was kept up to date.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2016	The registered provider should ensure that staff have supervision no less than every six months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of staff supervision records confirmed that arrangements were in place to ensure that staff had supervision no less than every six months.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2016	The registered provider should ensure that all staff have an annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of staff annual appraisal records confirmed that arrangements were in place to ensure that staff had an annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b>	The registered provider should ensure that: <ul style="list-style-type: none"> <li>the home's adult safeguarding policy and procedures are updated to reflect the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and that the policy</li> </ul>	<b>Met</b>

24 November 2016	<p>is implemented within the home</p> <ul style="list-style-type: none"> <li>the home's infection prevention and control (IPC) policy and procedures are updated to reflect the most up to date regional guidelines and that the policy is implemented within the home</li> <li>all policies and procedures are subject to a systematic three year review</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of policies and procedures confirmed that the home's adult safeguarding policy and procedures were updated to reflect the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and that the policy was implemented within the home; the home's infection prevention and control (IPC) policy and procedures are updated to reflect the most up to date regional guidelines and that the policy is implemented within the home; all policies and procedures were to be reviewed regularly.</p>	
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 November 2016</p>	<p>The registered provider should ensure that policies and procedures are developed in regard to:</p> <ul style="list-style-type: none"> <li>assessing risks to residents and management of risks</li> <li>consent to examination, treatment and care</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of policies and procedures confirmed that suitable policies were developed in regard to assessing risks to residents and management of risks and to consent to examination, treatment and care.</p>	
<b>Recommendation 6</b>	The registered provider should ensure that an audit of all freestanding furniture is undertaken	<b>Met</b>

<b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 24 November 2016	and any identified areas of risk addressed.	
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of the premises confirmed that an audit of all freestanding furniture was undertaken and any identified areas of risk were addressed.	

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Completed induction records were reviewed during the last care inspection; it was confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with the acting manager and staff confirmed that this was unchanged.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

The home's recruitment and selection policy and procedure was reviewed at the last care inspection and confirmed that it complied with current legislation and best practice. Discussion with the acting manager confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The acting manager confirmed that enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment. In addition, where students were on work placement in the home, the acting manager received written confirmation from local colleges that all necessary AccessNI checks were completed in respect of these students. The acting manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications and care records confirmed that no adult safeguarding issues had arisen since that last care inspection. The acting manager was aware of the process of full and prompt referral of all suspected, alleged or actual incidents of abuse to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge was undertaken during the last care inspection and confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The acting manager confirmed that a small number of restrictive practices were still employed within the home, notably wheelchair lap belts, bed rails and pressure alarm mats. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the home's Statement of Purpose and Residents Guide had identified that restrictions were adequately described. Inspection of care records confirmed there was a system of referral to the multi-professional team should issues of concern arise regarding uncharacteristic behaviours in residents.

The acting manager advised that CCTV was in use outside the home only and this was in line with RQIA policy and procedure.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Discussion with a member of the home's domestic staff confirmed that cleaning schedules were in place to ensure that all areas within the home were correctly maintained.



Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The acting manager confirmed that the home had an up to date fire risk assessment in place and all recommendations were appropriately addressed. The records relating to fire safety were examined in detail during the last care inspection and were not examined on this occasion.

During this inspection the home's arrangements in respect of meals and mealtimes were examined. Inspection of the kitchen found that it was spacious, clean, well equipped and well maintained and that foodstuffs were properly stored. Kitchen and care staff had training in food hygiene.

Inspection of care records identified that records were kept of meals eaten by individual residents if concerns were present and that a suitable risk monitoring tool was used, where appropriate. Weights were monitored and there was liaison with residents' GPs, dieticians and/or Speech and Language Therapists (SALT) etc.

Discussion with care staff and with the cook confirmed that dietician / SALT recommendations for therapeutic diets were present and were followed. The cook was able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing or who were diabetic. Discussion with care staff identified that all residents were independent with feeding but that individual assistance would be provided to residents, if necessary.

Twelve completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- "I think my care is excellent. I've told my family they chose the best!"
- "Cannot complain."
- "So safe – I cannot enlarge on it!"
- "Very good."

Comments received from residents' representatives were as follows:

- "Home is clean – no smell! Mum is clean, tidy, warm and well cared for in every aspect. Maintenance is regular and of a very high standard at all times."
- "Care is provided to a high standard and staff take time to get to know each service user."



## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the home's record management policy identified that it described only how records should be maintained. A recommendation was made that this policy be reviewed to include the arrangements for the creation, retention, storage, disposal and access to records.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, falls, continence, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice, for example, where a resident had a preference for having a sandwich and tea at midnight in the bedroom, this was provided.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for review.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

With regard to the effectiveness of meals and mealtimes, inspection of care plans identified that the personal food choices and preferences of residents were noted, also that risk assessments were present, where applicable.

The menu was displayed in suitable format and meal times were regular. Choices were available at each mealtime and suitable alternatives provided. Snacks and drinks were regularly made available and additional snacks were provided on request. There was also a dispenser in the communal lounge where residents could help themselves to chilled water.

Observation of the lunch service identified that the dining room provided an attractive environment in which to eat. Tables were laid with good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Discussion with the cook identified that the kitchen operated at the same level over all seven days.

The acting manager advised that all but a small number of residents had a preference for taking breakfast in their own bedrooms and that breakfast was brought to residents' rooms on trays. Residents advised the inspector that they were very satisfied with the quality, quantity and presentation of the food in the home.

Twelve completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- "(The care) is all that could be desired."

Comments received from residents' representatives were as follows:

- "Care needs and requests are met and representatives of service users are always kept informed of any changes."
- "(Care is) timely and effective. I am always kept informed of any change in mum's condition, medications, etc."

### Areas for improvement

One area for improvement was identified. This was in relation to a review of the policy on records management.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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The acting manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected, for example, through ensuring that the personal information of residents was only shared with relevant parties and written records were properly stored.

Discussion with staff, residents and residents' representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection, an armchair exercise class was held and many residents participated. Arrangements were in place for residents to maintain links with their friends, families and wider community. A resident's representative described how the regular church service was greatly enjoyed by residents in the home.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, residents were approached, either individually or in residents' meetings, to obtain their opinions about meals, activities and events.

In respect of meals and mealtimes, individual food choices and preferences were established and recorded upon admission to the home. Residents were consulted with on a monthly basis on the menu; menus and menu planning also formed part of the regular residents meetings

Discussion with the cook, staff and residents confirmed that menus were provided for special occasions, Easter, Christmas, Halloween etc. The cook was kept informed of the birthdays of residents and cake was baked and presented to the resident with candles. Discussion with residents' representatives confirmed that hospitality was extended to families and visitors.

Residents spoken with during the inspection made the following comments:

- "The care here is one hundred percent! The girls (staff) are absolutely great and they couldn't do enough for you. No matter what I would ask for, I would get and they come to me very quickly, I never have to wait. There's always plenty of staff about and they are all very kind. I couldn't fault this place. And the food is great and there's plenty of it, nearly too much! We are never done getting cups of tea and nice wee things to eat."
- "I'm very happy here, all is good."

Residents' representatives spoken with during the inspection made the following comments:

- "I wouldn't have a single complaint, for everything is great and they look after my parents really well. The staff are all lovely, the home is kept beautifully and it's warm and cosy. I'm very happy with the care."
- "I think the care here is absolutely excellent. The staff couldn't do enough for my (relative) and he is happy to be here. The staff have got to know his needs very well and they are so attentive to him. With regard to managing his (medical condition) the staff are knowledgeable and attend to this very well, and they keep me well informed."
- "I couldn't fault Tullywest and I'm so pleased that we found it. My (relative) has settled in really well and loves being here. There's always staff around and the food is great – my (relative) has put on weight and is in great form."
- "I think the care here is really good. I can see not only the great treatment my (relative) gets, but that everyone gets great treatment. My (relative) is very happy here and the staff are great. No matter when we come to visit, we are made to feel welcome and we are always offered tea and buns. It's a very hospitable place."

Twelve completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- "How could I not be (satisfied)? Very cared for, with the best respect!"
- "(This is the) best care home."
- "Staff are very thoughtful with dignity and respect with myself."

Comments received from residents' representatives were as follows:

- "Excellent (compassionate care) – always discreet and sensitive."

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The home's complaints policy and procedure was reviewed during the last care inspection and was found to be in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with residents and their representatives confirmed that they were aware of who to approach if they wished to raise an issue or concern.

Review of the complaints records at the last care inspection confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants and the outcome of the complaint. Arrangements were in place to share information about complaints and compliments with staff. The acting manager confirmed that all arrangements to deal with complaints was unchanged since the last care inspection and that the home had received no complaints for a considerable amount of time. The acting manager advised that, should complaints be regularly received, he would undertake an audit of complaints to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys, for example, residents were consulted monthly about the quality and choices of food in the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The acting manager advised that he was soon to complete the QCF level 5 in leadership and management which would equip him to make application to RQIA to become the registered manager of the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home and visited the home frequently.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

With regard to meals and mealtimes, there was a take away menu policy in place. The acting manager and cook confirmed that the menu was revised twice annually and that a three weekly menu rotation was in place. Satisfaction surveys were undertaken in regard to the menu and the quality of the food in the home. There was a good system of communication between care staff and catering staff to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

Twelve completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from residents' representatives were as follows:

- "Management is visible - not hiding in an office - to both residents and relatives. Communication is relevant and immediate if mum's condition needs discussion. High levels of professionalism by management team, filtering to staff."
- "The care my mum receives at Tullywest is excellent. Plenty of good care and attention and, of course, really good food and lots of treats. Tullywest is very homely."

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Philip McCleery, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 22.2

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered provider should ensure that the records management policy is reviewed to include the arrangements for the creation, retention, storage, disposal and access to records.

**Response by registered provider detailing the actions taken:**  
Records Management Policy reviewed and updated 21.12.16. Available for inspection.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**