

Inspection Report

Name of Service: Tullywest
Manor

Provider: Tullywest

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	Philip McCleery Anne McCleery
Registered Manager:	Mr Philip McCleery
Service Profile –	
This home is a registered residential care home which provides general residential care for up to 26 residents, or residents living with dementia or with a physical disability. 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 8 May 2025 from 10.00am to 4.45pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pre-registration inspection on 11 March 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Five areas for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "The staff are attentive, the food is good and there is plenty to do." Another resident said, "The girls are excellent, I have no concerns over the care in the home."

A relative spoke of how care, "Could not be better."

A visiting professional spoke highly of the care in the home, and spoke of the, "lovely homely environment."

Another visiting professional spoke of how the care in the home was, "Excellent"

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 told us that staff offered them choices 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.

Comments on one returned questionnaire from a relative/visitor was passed back to the manager for his action.

No completed questionnaires from residents or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of training records indicated that not all staff were up to date with fire training. An area for improvement was identified.

Staff were not having formal supervision on a regular basis. An area for improvement was identified

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.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care 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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

There was a planned afternoon activity in the home. A musician was playing the violin and chatting to the residents. The residents all appeared to enjoy this activity.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as board games, arts and crafts or religious services.

Activities for the residents were not being recorded consistently. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live

in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

One on suite bathroom did not have a solid door fitted. Instead it had a shower curtain in place. It was discussed with the manager the need for a more permanent arrangement to be in place, to enable the resident's privacy and dignity to be respected. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the Manager would address these

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	7*

* the total number of areas for improvement includes five which are 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, Registered 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (28 January 2025)	The registered manager shall implement a robust audit system which covers all aspects of the management and administration of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect (28 January 2025)	The registered person shall ensure that any discrepancies identified in the administration of medicines are fully investigated and reported to the relevant authorities including RQIA. Ref: 2.0
	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.
Action required to ensure compliance with the Residential Care Home Minimum Standards, December 2022	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: With immediate effect (28 January 2025)	The registered person shall ensure that records of medications transferred out of the home on discharge are maintained. Ref: 2.0
	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 N25 Stated: First time To be completed by: 1 May 2025	The registered person shall ensure that the new bedrooms have a lockable storage space for use by residents. Ref: 2.0
	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.

<p>Area for improvement 3</p> <p>Ref: Standard N26</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2025</p>	<p>The registered person shall ensure that the wardrobes in the new bedrooms are secured to the wall.</p> <p>Ref 2.0</p> <hr/> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2025</p>	<p>The registered person shall ensure that staff have up to date fire training. This is stated in relation to staff having two sets of fire training in a year.</p> <p>Ref 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Fire training organised for 31.07.25 & 12.08.25.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2025</p>	<p>The registered person shall ensure that staff have recorded formal supervision no less than every six months</p> <p>Ref 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions to be completed by the end of August 2025.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2025</p>	<p>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.</p> <p>Ref 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Activity file kept in lounge. A check is now completed weekly to ensure the file has been filled in.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2025</p>	<p>The Registered Person shall ensure that the en suite bathroom in the identified bedroom, has a more permanent arrangement in place, to ensure the dignity and privacy of the resident is respected.</p> <hr/> <p>Response by registered person detailing the actions taken: Concertina door fitted 09.06.25.</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews