

Inspection Report

Name of Service: Tullywest Manor

Provider: Tullywest Manor

Date of Inspection: 2 June 2026

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
Registered Persons:	Mr Philip James McCleery & Mrs Anne McCleery
Registered Manager:	Mr Philip James McCleery
Service Profile – This home is a registered residential care home which provides general residential care for up to 26 residents with a range of needs, including those over 65 years of age, those living with dementia or with a physical disability. Resident's 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 2 June 2026, from 10.15 am to 5.00 pm by a 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 care inspection on 8 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoken with said they enjoyed living in the home and provided positive feedback about the staff, food and care delivery. Some of the comments shared included, "the food is lovely, there is good variety" and "it's a lovely place, the staff are excellent".

Relatives and visitors provided positive feedback about care delivery in the home. Some of the comments shared included, "the staff are all very good and supportive."

A healthcare professional visiting the home at the time told us that residents in the home provided positive feedback about the care delivery and during visits, staff were responsive and attentive to the needs of 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. Residents provided mixed feedback on the activity provision in the home. This is discussed further in section 3.3.2.

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 improvements required with regards to some of the systems in place to manage staffing.

There was evidence of a system in place to monitor staff's compliance with mandatory training, however improvements were required with overall attendance, for example: Deprivation of Liberty Safeguards (DoLS), moving and handling and first aid. The details of this were shared with the manager and an area for improvement was identified.

Pre-employment checks are required to be completed prior to any staff member commencing employment in the home. There was evidence of personnel files in place which evidenced completion of pre-employment checks, however; some of these checks were not clearly recorded on the checklist. For example, full employment history and reasons for leaving. The details of these were shared with the manager and an area for improvement was identified.

There was a system in place to evidence oversight of staff's supervision; however, this had not been updated with the most recent supervision records. It was not evident that staff were receiving supervision at least six monthly. The previous area for improvement identified has not been met and will be stated again for a second time.

The duty rota evidenced the planned staffing levels in the home and accurately reflected the staff working in the home. There was evidence on occasion of blue pen used. This was discussed with the manager who confirmed this would cease. Care assistant roles were not clearly defined on the duty rota; the manager confirmed in writing following the inspection that this had been amended.

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. Staff said that they received good support from the manager and that there was an open door policy if they required support.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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 residents 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. There was no clear system in place to monitor those residents' with a Deprivation of Liberty Safeguard (DoLS) in place. The manager confirmed in writing following the inspection that a system had been put in place to monitor this. This will be reviewed at a future inspection.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral to the Physiotherapist or their GP.

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. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity, armchair aerobics confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. Some comments shared by residents regarding the need for more activities in the home were shared with the manager for review and action as appropriate.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. There was evidence of records maintained to evidence resident's engagement in planned activities, however, these records did not always evidence regular activity provision in the home. The details of this were shared with the manager for review.

The weekly programme of social events was displayed on the noticeboard advising of future events.

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. A sample of care files were reviewed; one of these evidenced care plans had not been put into place within the required timeframe following admission to the home. The details of this were shared with the manager for immediate action and an area for improvement was identified.

It was evident that one resident did not have arrangements in place for the monitoring of their weight. Assurances were provided in writing following the inspection that this had been addressed with the multidisciplinary team and an appropriate care plan was put into place. An area for improvement was identified.

Residents care records were held confidentially.

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 warm and welcoming, mostly clean and tidy. Resident's bedrooms were personalised with items important to the resident, bedrooms and communal areas were warm and comfortable. There was some aspects of the environment which appeared tired and worn for example; some woodwork such as door frames and paintwork. The details of this were shared with the manager and the plans to address this were shared with RQIA in writing following the inspection. This will be reviewed at a future inspection.

There was evidence of items located inappropriately across communal areas in the home which could present as an Infection Prevention Control (IPC) issue, for example; a bin liner was hanging on a handrail, some Personal Protective Equipment (PPE) was removed from the storage area and placed behind a handrail. These were addressed by the manager at the time of the inspection. An area for improvement was identified.

A cupboard with access to cleaning chemicals had not been fully secured at the time of the inspection. The details of this were shared with the manager and an area for improvement was identified.

It was observed that denture cleaning tablets were stored in residents bedrooms and a risk assessment had not been completed to manage this risk. The details of this were shared with the manager and assurances were provided in writing following the inspection detailing the action taken to manage this risk. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Philip James McCleery has been the Registered Manager in this home since 7 March 2025.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. A discussion took place with the manager to ensure that when audits identify deficits; that the actions are signed off when these are taken.

The manager provided assurances that accidents and incidents had been notified to the appropriate persons, organisations and bodies. However, there was no clear system in place to evidence oversight of this. A recommendation was made to review the current accident and incident log to ensure this includes evidence of all those informed to ensure these are notified without delay. An area for improvement was identified.

Residents and their relatives said that they knew who to approach if they had a concern and had confidence that any concern would be managed well.

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	5*	8*

* the total number of areas for improvement includes two standards that have been stated for a second time and two regulations and one standard that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Philip 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 21 (1) (b) Schedule 2 (4) & (5) Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure that all of the relevant pre-employment checks are in place prior to any staff member commencing work in the home. This is with specific reference to: - Full employment history - Reasons for leaving Ref: 3.3.1
	Response by registered person detailing the actions taken: Now included on our Application checklist form.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure all areas of the home which residents have access to are free from hazards to their safety, as far as is reasonably practicable. This is with specific reference to ensuring the cleaning cupboard remains secured. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff reminded of need to ensure that cleaning stores are kept closed.
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure that measures are in place to safely manage denture cleaning tablets were appropriate. Ref: 3.3.4
	Response by registered person detailing the actions taken: Denture cleaning tablets have been removed from residents rooms and are now stored in the senior station.
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (28 January 2025)	The Registered Person 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 5 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 Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard N25 Stated: Second time To be completed by: 30 June 2026	The Registered Person shall ensure that the new bedrooms have a lockable storage space for use by residents. Ref: 2.0 Response by registered person detailing the actions taken: All the new bedrooms now have a lockable safe in place.
Area for improvement 2 Ref: Standard 24.2 Stated: Second time To be completed by: 30 June 2026	The Registered Person shall ensure that staff have recorded formal supervision no less than every six months Ref: 2.0 & 3.3.1 Response by registered person detailing the actions taken: Staff supervisions completed & recording template updated.
Area for improvement 3 Ref: Standard 23.3 Stated: First time To be completed by: 30 June 2026	The Registered Person shall ensure mandatory training requirements are met. Ref: 3.3.1 Response by registered person detailing the actions taken: Relevant training has now been completed.
Area for improvement 4 Ref: Standard 6 Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure that residents have an individual an up to date comprehensive care plan and this should be in place no later than one month following admission into the home. Ref: 3.3.3 Response by registered person detailing the actions taken: Relevant care plan is now completed.

Area for improvement 5 Ref: Standard 9 Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure there is arrangements in place for the regular monitoring of residents weights; these should be completed and recorded at least once per month. Ref: 3.3.3 Response by registered person detailing the actions taken: Mid arm circumference weight taken and will be reviewed every 3 months by the district nurse.
Area for improvement 6 Ref: Standard 28 Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure that staff are compliant with Infection Prevention Control (IPC) measures across the home. This is with specific reference to: - Waste disposal - Storage of PPE Ref: 3.3.4 Response by registered person detailing the actions taken: Staff have been reminded of their responsibility in correct storage of PPE & waste disposal.
Area for improvement 7 Ref: Standard 20.15 Stated: First time To be completed by: 2 June 2026	The Registered Person shall ensure there is a system in place to evidence the appropriate reporting of accidents and incidents, as required, to all of the relevant persons, organisations and bodies so that these are completed without delay. Ref: 3.3.5 Response by registered person detailing the actions taken: The relevant information will be recorded in the individual care plans.
Area for improvement 8 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.

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