



Unannounced Care Inspection Report 8 January 2019



The Tilery

Type of Service: Nursing Home (NH)
**Address: 130 Swanlinbar Road, Florencecourt,
Enniskillen, BT92 2DZ**
Tel No: 0286634 8811
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: The Tilery Responsible Individual(s): Claire Stranney Stephen Stranney	Registered Manager: Nicola Scovell
Person in charge at the time of inspection: Nicola Scovell	Date manager registered: 13 April 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 40 The home is approved to provide care on a day basis to 2 persons. There shall be a maximum of 2 named residents receiving residential care.

4.0 Inspection summary

An unannounced inspection took place on 8 January 2019 from 09.15 to 15.55.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in The Tilery which provides both nursing and residential care to two named residents only.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, wound care audits, management of complaints and incidents, communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, governance arrangements, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified under care standards in relation to the accurate documentation of care plans and the governance of infection prevention and control (IPC) audits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 16 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 July 2018.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 21 patients, two patients' relatives, one visiting professional and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- staff training records
- staffing rota for weeks commencing 31 December 2018 and 7 January 2019
- three patients' care records
- five patient food, fluid and repositioning records
- a selection of governance audits
- complaints records
- staff supervision and appraisal records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 July 2019

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 30 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) (c) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that on the day of inspection adequate precautions were taken against the risk of fire and best practice guidance was embedded into practice.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the infection prevention and control issues identified at the last care inspection had been addressed.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Chemicals were stored in keeping with COSHH regulations on the day of inspection.	
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that medicines were stored safely and securely within the home on the day of inspection.	

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, • that wound care is provided to patients in compliance with relevant care plans and/or multiprofessional recommendations at all times. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On review of audits, care plans and patient records the inspector confirmed that this area for improvement has been addressed.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance processes are in place which facilitate and evidence that all staff undergo bi-annual supervision in order to promote the delivery of quality care and services to patients.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A system was in place to identify when staff are due their bi-annual supervision and evidence that this has been commenced.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On review of staff training records and discussion with staff, adult safeguarding training has been provided and embedded into practice.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of repositioning care for all patients:</p> <ul style="list-style-type: none"> that care plan(s) are in place which accurately describe the frequency with which patients need to be repositioned. <p>Action taken as confirmed during the inspection: On review of a selection of patient records and repositioning charts the inspector confirmed that care plans were in place to accurately describe the frequency with which patients need to be repositioned.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dining experience of patients is promoted and in line with best practice guidance, specifically,</p> <ul style="list-style-type: none"> patients shall only be assisted to the dining room immediately prior to their meal being served unless otherwise requested and/or in keeping with their documented preferences. <p>Action taken as confirmed during the inspection: Inspector confirmed that patients were assisted to the dining room immediately prior to their meal being served. This area for improvement has been addressed.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, wound care audits.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed the wound care audits and confirmed that they had been completed in accordance with legislative requirements, minimum standards and current best practice.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 31 December 2018 and 7 January 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Tilery. We also sought the opinion of patients on staffing via questionnaires.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records for an area identified during the previous care inspection regarding adult safeguarding. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. This is discussed further in 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout and although infection prevention and control (IPC) issues that were identified at the previous care inspection had been addressed, there were other areas identified as not being effectively managed in accordance with best practice guidelines on (IPC). Commodes in several communal toilets and patients' ensuites were identified as unclean, there were urinal bottles inappropriately stored in three communal toilets and paint covering to the metal bar supporting the bath chair was chipped leaving this unable to be appropriately cleaned.

This was discussed with the registered manager and all of the identified equipment detailed above were cleaned during the inspection, the urinal bottles were removed and the supporting arm to the bath chair was repaired and painted by the maintenance person on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. This is discussed further in 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisal, induction, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, it was identified that a number of care plans had been altered whereby partial sentences had been scored out resulting in the original entry not being able to be read, therefore not adhering to the Nursing and Midwifery Council (NMC) Code of practice. This was discussed with the registered manager and an area for improvement was made under carer standards.

We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dietitians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. However, it was identified that instructions from a previous SALT assessment remained on display within a patient's bedroom and did not reflect the most recent recommendations which were within the patients care records. This was discussed with the registered manager who removed the notice immediately and provided assurances that this would be reviewed throughout the home to ensure that information which is on display is accurate and up to date.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation team work, wound care audits and communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under care standards in relation to the accurate documentation of care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.15 and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Care records contained the social history of the patients and their preferences to ensure that activities were meaningful. On the day of the inspection there were two activity therapists, one of which was being inducted into her new role. A board game was taking place in the dayroom and the patients appeared to enjoy the interaction between the staff and each other.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. The outdoor garden space and grounds were well maintained and the home had their own dog, horse, birds and fish. Patients and staff spoken with were complimentary in respect of the home's environment.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining room and offered a choice of two main meals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We are so thankful to all the staff at The Tilery for providing such kindness and excellent care"
"Thank you so very much for all your kindness"

Consultation with 10 patients individually, and with others in small groups, confirmed that living in The Tilery was a positive experience.

Patient comments:

“The staff are very good”
 “I feel safe here. The staff are great”
 “The staff are lovely”
 “Very content here. Food is great”
 “I really enjoy it here”

Visiting Professional’s comments:

“Staff are always very friendly.”

Representative’s comments:

“Care is brilliant here”
 “Staff are all friendly”

Staff were asked to complete an on line survey. There was no response in the time frame specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the

diverse needs of patients. Staff had access to on line training. The equality data collected was managed in line with best practice.

A number of governance audits were reviewed which were completed on a monthly basis by the registered manager, deputy manager, clinical lead or registered nurses. Wound care audits were well maintained which provided a clear action plan to address any deficits that were identified. Environmental audits were also reviewed and as previously mentioned in 6.4 in relation to IPC, it was disappointing that the audits did not capture the issues identified on the day of inspection. This was discussed with the registered manager and an area for improvement under care standards was stated.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. It was positive to note that the home had employed a private consultant to support the registered manager and complete the monthly Regulation 29 monitoring visits.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

Whilst there was evidence to demonstrate that the home is in the main well led an area for improvement under the Care Standards is stated in regards to improving the governance of IPC audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Scovell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 nursing 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any changes or alterations to a patients care plans are made in such a way that the original entry can still be read.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that any changes or alterations to careplans are rewritten and original archived. There will be no scoring out of partial sentences resulting in the original entry not be able to be read.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</p>	<p>The registered person shall ensure that the environmental audits maintained are sufficiently robust to quality assure the standard of hygiene in the home.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has amended relevant audit to reflect best practice guidelines on IPC.</p>

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



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