

Inspection Report

10 May 2023



The Tilery

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Tilery Registered Persons: Mr. Stephen Stranney Mrs. Claire Stranney	Registered Manager: Miss Nicola Scovell Date registered: 13 April 2018
Person in charge at the time of inspection: Miss Nicola Scovell	Number of registered places: 40 The home is approved to provide care on a day basis to 2 persons. There shall be a maximum 1 named patient in category NH-LD.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 patients. Accommodation is on a ground floor level.	

2.0 Inspection summary

This unannounced inspection was conducted on 10 May 2023, from 9.55am to 3.25pm. the inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All previous areas of improvement were found to be met.

Staff were seen to promote the dignity and well-being of patients and care was delivered in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two areas of improvement were identified during this inspection. These were in relation to risk assessing free standing wardrobes and enhancing the provision of activities to patients.

RQIA will assured that the delivery of care and service provided in The Tilery will be safe, effective, compassionate and well led, in addressing these areas for improvement.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with management team at the conclusion of the inspection.

4.0 What people told us about the service

Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support.

Patients said that they were happy with their life in the home, their relationship with staff and the provision of meals. Two patients said that they felt staff were very busy and there were delays in request for assistance. This was reported to the Manager who confirmed that request response times and staffing levels were being monitored. Two comments made includes; "It's a very good home. Staff all do their best but it can be very busy. I feel safe here and have no complaints." and "It is fine here. No problems. The staff are very good." Patients who were less able to articulate their views, were seen to be comfortable, content and at ease in their environment and interactions with staff.

Five visiting relatives said that they were felt pleased with the home and that they had good confidence with the care delivery and the kindness and support received from staff.

There were no questionnaires returned in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	<p>The registered person shall ensure the following in relation to the provision of nutritional care for patients:</p> <ul style="list-style-type: none"> • that care plans, risk assessments and supplementary charts are reflective of the current SALT assessment • communication systems are reviewed to ensure that the dietary requirements of the patient are effectively communicated to all relevant staff. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The care documentation reviewed was in line with the SALT assessment.</p> <p>Discussions with staff confirmed their knowledge and understanding of this.</p> <p>Advice was given in respect of enhancing this communication and direction with staff which the Manager agreed to take forward.</p>	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that medicines are administered in compliance with legislative requirements, professional standards and guidelines.	Met
	Action taken as confirmed during the inspection: Administration of medicines were seen to be carried out appropriately. These were also monitored during the monthly visits on the behalf of the registered person(s).	
Area for Improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that prescribed topical medicines are securely stored and the date of opening is clearly recorded.	Met
	Action taken as confirmed during the inspection: This was confirmed to be actioned.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that any deficits identified during care record audits are followed up to ensure they have been addressed.	Met
	Action taken as confirmed during the inspection: Audits of care records were in place and identified issues were acted upon.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a recently appointed staff member's recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Call assistance alarms were answered promptly by staff. One patient said; "They (the staff) are very good to me here."

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dinner time meal was appetising, wholesome and nicely presented. There was choice of meals offered. Supervision and assistance was unhurried, organised and person centred.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with the Manager confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these. Staff said how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

It was positive to note that patients said they enjoyed the meals and were satisfied with the choices available.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The laundry department was tidy and well organised. One washing machine was awaiting repair and arrangements were in place to facilitate this.

A significant number of wardrobes were free standing. These could pose a risk if a patient were to pull on same in the event of a fall. An area of improvement was made in this regard.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 27 March 2023. There was corresponding evidence recorded of the actions taken in response to the three recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day. One patient said; "It's a very good place here. I can't see anything wrong. The staff are very good."

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Review of activities records and general observations of care practices identified that the provision of activities needs to be enhanced to benefit patients' needs. This has been identified as an area of improvement.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. Staff also said that they felt the care in the home was very good and that there was a nice atmosphere in the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by the registered person(s) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in excellent detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Nicola Scovell, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 10 June 2023	<p>The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Risk assessment completed and the free standing wardrobes will be attached to the wall to ensure they do not fall forward.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 11(1) Stated: First time To be completed by: 10 June 2023	<p>The registered person shall put a review in place so that there is an adequate and meaningful programme of activities in place to meet patients' needs.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: the registered person has revamped the activity program and documentation, and after resident consultation a new program has been implemented to ensure all residents receive meaningful activities</p>

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