

# Inspection Report

15 February 2022



## The Tilery

Type of service: Nursing Home  
Address: 130 Swanlinbar Road,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> The Tilery</p> <p><b>Registered Persons:</b> Mrs Claire Stranney Mr Stephen Stranney</p>	<p><b>Registered Manager:</b> Miss Nicola Scovell</p> <p><b>Date registered:</b> 13 April 2018</p>
<p><b>Person in charge at the time of inspection:</b> Miss Nicola Scovell</p>	<p><b>Number of registered places:</b> 40</p> <p>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.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides care for up to 40 patients. This is a single storey home with bedrooms situated on the ground floor over 4 wings; East Wing, South Wing, Riverside and Lakeside. Patients have access to communal lounges, a dining room and outdoor gardens.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 15 February 2022 from 10.00 am to 6.00 pm by a care inspector.

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

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. Two areas for improvement in relation to staff recruitment and infection prevention and control (IPC) have been stated for a second time. One area for improvement has been escalated from a care standard to a regulation in relation to care records for dietary requirements.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in The Tilery and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **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.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Ten staff, one visiting professional, 13 patients individually and others in groups were spoken with during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned from patients or relatives.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said: "Really enjoy working here" and another staff member said: "Feel very supported by management." There was no response from the staff online survey.

## 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 6 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> First time	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. Records pertaining to the recruitment process must be accurately maintained to evidence the process is robust.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.1.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall ensure that the recommendations within the fire risk assessment are actioned.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and IPC practices evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.3.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans are reflective of the needs of the patient and that these are kept under regular review.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• recommended daily fluid intake for patients at risk of dehydration</li> <li>• relevant information within care plans regarding a patients normal bowel pattern/type</li> <li>• recommended catheter size and frequency of renewal to be recorded within the care plan.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant care records evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the governance system in place is reviewed to ensure it is robust and that it meets the needs of the management team in identifying deficits in the delivery of care and other services in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.10</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations.</p>	<p><b>Met</b></p>

	<p>This shall include:</p> <ul style="list-style-type: none"> <li>• a record of monthly safety checks on bedrails</li> <li>• risk assessment and care plan to reflect the safety checks being completed daily/monthly</li> <li>• the type of bedrail to be included within the risk assessment and care plan.</li> </ul>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring that the recommended setting/type of pressure relieving mattress is maintained at the correct setting and included in the patients care plan.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant governance/care records and discussion with the manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that nutritional care plans, supplementary charts and risk assessments are reflective of:</p> <ul style="list-style-type: none"> <li>• the current SALT assessment.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the management team evidenced that this area for improvement had not been fully met and has been subsumed into a regulation.</p> <p>This is discussed further in section 5.2.2.</p>	<p><b>Partially met</b></p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the chart and reflective of the care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that where a patient has been assessed as requiring wound care that a care plan is in place detailing the recommended dressings and frequency of wound care dressing renewal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure the programme of activities is displayed in a suitable format and location.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment, review of the activity schedule and discussion with the manager evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of two staff recruitment and induction files evidenced that a full employment history, including gaps in employment, had not been explored for one employee. It was further identified that evidence of the employee's qualifications had not been obtained prior to commencing employment. This was discussed in detail with the Manager and an area for improvement has been stated for a second time.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager.

Patients said that they felt well looked after by the staff and were very happy in The Tilery. One patient commented "Great people here" and another patient referred to the staff as being "Very friendly".

### 5.2.2 Care Delivery and Record Keeping

The Manager confirmed that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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. This is good practice.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to pressure area care evidenced that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Review of five patient care records evidenced that the majority of care plans were person centred and reviewed regularly. However, there was inconsistent and conflicting information regarding the recommended diet/fluid type within three patients care records which had been assessed by a Speech and Language Therapist (SALT). Specific examples were discussed in detail with the Manager who agreed to review all relevant documentation within the home to ensure that information relating to patients diet/fluid requirements are consistently recorded. As



mentioned above in section 5.1 this has been subsumed into an area for improvement under regulation.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The environment was fresh smelling, neat and tidy with the majority of communal areas such as lounges, the dining room and corridors tidy and free from obstruction. Patients' bedrooms were found to be personalised with items of memorabilia and special interests. The Manager confirmed that refurbishment works were ongoing including the replacement of identified furniture and painting of walls to ensure that the home is well maintained.

Prescribed topical creams were observed to have been inappropriately stored in two communal toilets. This was brought to the attention of the Manager who removed them immediately and agreed to discuss with relevant staff and to monitor during daily walk arounds.

Observation of staff practices evidenced that they were not consistently adhering to appropriate IPC measures, including the wearing of nail polish and jewellery. A number of patient equipment was stored inappropriately in areas where there was a toilet which risked contamination and over sink light pull cords were not covered to enable effective cleaning. The above details were discussed with the Manager and an area for improvement in relation to IPC has been stated for a second time.

Equipment belonging to one patient was observed on top of their wardrobe. This was discussed with the Manager who acknowledged the associated health and safety risks with this type of practice and agreed to have these removed and to review all other areas of the home.

An unoccupied bedroom within the home was being used to store equipment. The importance of rooms being used for the purpose that they were registered was discussed with the Manager. Following the inspection, written confirmation was received from the Manager regarding the location and temporary purpose of the room which was shared with the RQIA estates inspector as a COVID-19 temporary arrangement.

A cleaning trolley was observed unattended within a patient's bedroom with chemicals easily accessible to patients. This was discussed with the Manager and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. The Manager advised that visiting and care partner arrangements were managed in line with the Department of Health and IPC guidance.

### 5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Person and the organisation.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits were identified an action plan had been implemented with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made.

The home was visited each month by a representative of the Responsible Person 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 and 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	0

\* The total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Nicola Scovell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. Records pertaining to the recruitment process must be accurately maintained to evidence the process is robust.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            At all interview gaps in employment will be explored, statement of entry shall be obtained and work history shall all be recorded.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have received supervision on what should and should not be allowed in communal bathrooms. EG. prescribed topical creams being inappropriately stored in communal bathrooms. Also staff received supervision with regards to nail polish and jewellery. Inappropriate stored item has been removed from bathroom and all shaving lights have pull cords covered.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<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"> <li>• that care plans, risk assessments and supplementary charts are reflective of the current SALT assessment</li> <li>• communication systems are reviewed to ensure that the dietary requirements of the patient are effectively communicated to all relevant staff.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            New food and fluid chart devised and working well. Detailing correct SALT assessment levels. All care plans have been revisited and information updated.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a)	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p>

<b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> COSHH training for ancillary staff took place 01/03/22 and supervision also given, highlighting the dangers of leaving cleaning chemicals in communal areas.

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



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