



# Unannounced Follow Up Care Inspection Report 15 May 2018



## The Tilery

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

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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 provider 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 nursing home registered to provide nursing and residential care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Tilery  <b>Responsible Individual(s):</b> Mrs Claire Stranney & Mr Stephen Stranney	<b>Registered Manager:</b> Miss Nicola Scovell
<b>Person in charge at the time of inspection:</b> Nicola Scovell	<b>Date manager registered:</b> 13 April 2018
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of registered places:</b> 40 comprising:  2 identified residential care places in category RC-I The home is also approved to provide day care for 2 persons.

### 4.0 Inspection summary

This unannounced care inspection took place on 15 May 2018 from 11.15 to 16.45 hours.

Previously on 15 January 2018, at an unannounced care inspection, concerns were identified that the quality of care and services within the Tilery were below the minimum standard expected. As a consequence of the inspection, the registered persons attended a serious concerns meeting at RQIA. During the serious concerns meeting, management representatives of the Tilery submitted an action plan and gave assurances to RQIA that the identified issues would be addressed in a timely manner to achieve compliance.

A follow up unannounced care inspection was undertaken on the 22 March 2018 and evidenced that despite the assurances which had been provided by the registered person, sufficient progress had not been made to drive and sustain improvements. This had the potential to impact negatively on patient outcomes.

As a consequence, a further meeting was held on 29 March 2018 with the registered persons, with the intention of issuing a failure to comply notice in regards to the health and welfare of patients and governance arrangements.

The registered person; Claire Stranney & Nicola Scovell, manager attended this meeting.

During the intention meeting the registered persons acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the failure to comply notice.

This inspection of 15 May 2018, was undertaken to determine what progress had been made in addressing and sustaining the areas for improvement made during the previous care inspection on 22 March 2018, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes, and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

A review of records, discussions with the registered manager and staff and observations of care delivery evidenced that all of the areas for improvement made as a result of the previous inspections had been complied with.

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 following areas were examined during the inspection:

- Quality of care delivery, care practice and care records
- Governance and management arrangements

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 and in their interactions with staff.

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.

The term 'patients' is used to describe those living in the Tilery which provides both nursing and residential care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 22 March 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 March 2018.

Following the inspection, the registered persons were required to attend a meeting on 29 March 2018, at RQIA with the intention of issuing a failure to comply notice in relation to health and welfare of patients and governance arrangements.

Following a review of an action plan submitted and discussion with the registered person and management representatives, RQIA were fully assured that the actions taken were sufficiently robust. A decision was made not to issue the failure to comply notice.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report
- the action plan submitted in response to the inspection undertaken on 22 March 2018

During this inspection, care delivery and care practices were observed. We also spoke with patients in small groups, two registered nurses, four care staff, the activities co-ordinator and ancillary staff. One patient's representative was also consulted.

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

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- staff training records
- competency and capability assessments
- four care records
- a sample review of governance audits
- monthly monitoring reports 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 person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

The most recent inspection of the home was an unannounced follow up care inspection.

The completed QIP was due for return on the 15 May 2018. This QIP was validated by the care inspector at this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 22 March 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 May 2018	<p>The registered persons shall ensure that robust governance arrangements are developed and implemented to ensure the safe and effective delivery of care to patients. These should include; comprehensive auditing systems and monthly monitoring reports with robust action plans and evidence that actions have been followed up to ensure quality improvements.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A discussion with the registered manager and a review of information evidenced that systems had been further developed and implemented since the last care inspection to assure the quality of care and other services provided.</p> <p>A number of audits had been completed, these included; care records; wounds, food and fluids; and weight monitoring. Action plans had been developed for areas of improvement and or/ required actions. There was evidence that areas for improvement identified had been re-audited to ensure compliance and the quality assurance process.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 May 2018	<p>The registered persons shall ensure that the treatment provided to each patient meets their individual needs and reflects current best practice. This relates specifically to the management of nutrition including weight loss, food and fluid intake and choking risks.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of care records for patients identified as having weight loss with poor food and fluid intake evidenced that this area for improvement had been addressed.</p> <p>Please refer to section 6.3.1 for further details</p>	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered persons shall make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>This relates specifically in regards to the shortfalls identified in regards to: the management of wounds and/or pressure damage including the repositioning of patients and the completion of appropriate documentation.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records for two patients identified with wounds and who required repositioning for pressure management evidenced that this area for improvement had been addressed.</p> <p>Please refer to section 6.3.1 for further details</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered persons shall ensure care records are kept under review and updated in accordance with changes in the patient's condition to reflect any recommendations made and/or treatment required by the multidisciplinary team.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of care records for four identified patients evidenced that this area for improvement had been addressed. Care plans reviewed accurately reflected the patients identified needs. Care plans had been reviewed and updated to reflect any changes. Care plans had also been developed when patients developed acute infections.</p> <p>Please refer to section 6.3.1 for further details</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b></p>	<p>The registered persons shall ensure that competency and capability assessments are completed and regularly updated, for any nurse who is given the responsibility of being in charge of the home for any period of time in the manager's absence. Records should be retained and available for inspection.</p>	<b>Met</b>

3 May 2018	<p><b>Action taken as confirmed during the inspection:</b> Competency and capability assessments had been completed for all registered nurses who took charge of the home in the manager's absence. A competency and capability assessment for an identified nurse remained outstanding at this inspection.</p> <p>Assurances were given by the registered person and registered manager that arrangements were in place to complete this in a timely manner.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 20 (c) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered persons shall ensure that staff are provided with training in relation to their roles and responsibilities in the following identified areas;</p> <ul style="list-style-type: none"> <li>• the management of wounds and pressure care</li> <li>• the management of nutrition including weight loss</li> <li>• the nursing process including record keeping</li> </ul> <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <p><b>Action taken as confirmed during the inspection:</b> A discussion with the registered manager and a review of information confirmed that training had been provided in the following areas:</p> <ul style="list-style-type: none"> <li>• the management of wounds and pressure care</li> <li>• the nursing process including record keeping</li> </ul> <p>The registered manager advised that they were still trying to organise formal training for the management of nutrition and weight loss, but to date this had not been possible. In the interim the dietician was providing advice and guidance to staff during dietetic visits to the home.</p> <p>A discussion with staff, a review of care records and care delivery evidenced improvements in all areas and that learning had been embedded into practice.</p>	<b>Met</b>



<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered persons shall ensure that prescribed medication (including acute prescriptions) are available for administration in a timely manner.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of information to include medication records for two patients in receipt of antibiotic therapy, confirmed that medication had been obtained to ensure that patients received their treatment in a timely manner.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>It is recommended that the content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor the robustness of the homes governance arrangements.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the last inspection, the home has employed an independent healthcare consultant to work with them in a supportive role and to complete the monthly monitoring reports. A review of the report for May 2018 evidenced that this was completed comprehensively to ensure the quality of care and other services provided. An action plan was available and there was evidence that the registered manager had responded to the actions required in terms of priority.</p>		

## 6.3 Inspection findings

### 6.3.1 Care practices and care records

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with patients in small groups, confirmed that patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed and updated as required. Risk assessments informed the care planning process and both were reviewed as required. Overall the standard of record keeping and documentation had improved since the last inspection.

However, a new area for improvement has been made in regards to the arrangements in place for any unplanned and/or emergency admissions.

A review of two care records in relation to the management of wounds indicated that when a patient required wound care and or pressure care management appropriate actions were taken. These included wound assessment and care plans being updated on a regular basis. There was evidence that the care and treatment provided was reflective of that outlined in the care plan. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds. A review of repositioning records evidenced that positional changes were carried out in accordance with the schedule in place. Pressure relieving equipment was in place and being used appropriately.

Further information evidenced that patients' weights were being monitored and recorded appropriately. Records reviewed identified any weight loss and/or gain and subsequent actions taken. A sample review of food and fluid intake charts evidenced improvement in this area of practice. The information recorded included food and fluids offered and refused. There was evidence that food and fluids were offered at regular intervals. Supplements given were also recorded. Charts reviewed evidenced that the total 24 hour fluid intake was calculated and totalled and subsequently recorded in the patient's daily progress notes. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records in most instances. Entries recorded accurately reflected when food and fluid intake was satisfactory and/or inadequate; there was evidence that appropriate actions had been taken when intake was poor for example; communication with the General Practitioner and Dietician.

### **6.3.2 Management and governance arrangements**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All those consulted advised that the registered manager was available and supportive. Following the last inspection, undertaken on 22 March 2018, additional management support had been provided. There was evidence that the governance arrangements in place were more robust which has resulted in positive outcomes for safe, effective care, and improvements in the operational management of the home. For example; quality monitoring systems were now sufficiently robust to identify shortfalls and effective measures had been taken to drive improvements. These included but are not limited to; care plan audits; wound care practice audits; and weight monitoring audits.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of the report completed for May 2018, evidenced that this was detailed and comprehensive and shortfalls identified at the last inspection had been reviewed and followed up appropriately.

### **6.3.3 Infection prevention and Control Practices**

A number of staff observed were not promoting best practice in regards to guidelines for infection prevention and control. For example; some staff were observed wearing nail polish; jewellery, not removing gloves after carrying out care and/or cleaning.

These observations were discussed with the registered manager who acknowledged the observations made. The registered manager agreed to address this matter and include this as part of the audits completed in this area of practice.

An area for improvement has been identified.

## Areas for improvement

New areas for improvement were identified during the inspection in relation to: obtaining information for unplanned/emergency admissions and staffs compliance with infection prevention and control practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1 Criteria 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that adequate arrangements are in place for obtaining information to include referral information from the Trust for any unplanned or emergency admissions.</p> <p>Ref: section 6.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will ensure that a preadmission assessment is carried out for all admissions to the care home. Where an admission is an emergency a telephone assessment will be carried out.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that staff adheres to best practice in infection prevention and control within the home. This relates specifically to dress code guidance.</p> <p>Ref: Section 6.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will ensure all staff are aware of the correct usage of PPE. All staff have been informed of the dress code and monthly hand hygiene audit commenced.</p>

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



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