



The Regulation and
Quality Improvement
Authority

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The Tilery
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**Unannounced Care Inspection
of
The Tilery**

16 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 16 July 2015 from 10.45 to 17.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in The Tilery which provides both nursing and residential care.

1.1 Actions/ Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 November 2014.

1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 2 |

The details of the Quality Improvement Plan (QIP) within this report were discussed with Martina McGovern (registered manager) and Ann Dooris (senior staff nurse) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/ Registered Person: Claire Stranney | Registered Manager: Martina McGovern |
| Person in Charge of the Home at the Time of Inspection: Martina McGovern | Date Manager Registered: 20 December 2013 |
| Categories of Care: RC-I, NH-I | Number of Registered Places: 36 |
| Number of Patients Accommodated on Day of Inspection: 31 (which included 2 in hospital) | Weekly Tariff at Time of Inspection: £593 |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection 20 November 2014 and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since January 2015
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. Three patients were spoken with individually and the majority of others in small groups during the inspection. Discussion was also undertaken with three registered nurses and two care staff, the activities person and one patient's representative.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP

- the staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- the template for care staff induction
- the template for competency and capability assessments for the registered nurse in charge of the home in the absence of the registered manager
- policies related to the standards and theme of inspection
- compliments/complaints record
- regulation 29 reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 20 November 2014. The completed QIP was returned and approved by the care inspector on the 16 January 2015.

5.2 Review of Requirements and Recommendations from the last care (Same specialism) Inspection

| Last Care Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 16 (2) Stated: Second time | <p>The registered person shall ensure that the patients' care records are reviewed and updated in order to ensure that care plans fully reflect the patients assessed needs. The care plans should be kept under review.</p> <p>Action taken as confirmed during the inspection: A review of three care records evidenced that patients care records and supplementary assessments were reviewed and updated to reflect patient's current identified needs.</p> | Met |
| Requirement 2 Ref: Regulation 19 (3)(a) Stated: Second time | <p>The registered person shall ensure that records are kept to update.</p> <p>Action taken as confirmed during the inspection: All records reviewed were current and updated at a minimum of monthly intervals or more frequently if required.</p> | Met |

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| <p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> | <p>It is required that all registered nurses receive training on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved.</p> | <p>Not Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The manager advised that training had been sourced for the management of stoma care and the date is to be confirmed with the facilitator. The manager has made efforts to source training for catheterisation from the Western Trust however none was available. The home is continuing to source the provision of this training from other providers. The manager was advised that this requirement will be stated for a second time.</p> | | |
| <p>Requirement 4</p> <p>Ref: Regulation 27 (1)(i)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that there is suitable storage provision for the purposes of the nursing home.</p> <ul style="list-style-type: none"> All items are removed from bathroom and sluice areas. | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Additional storage facilities have been provided since the last inspection and items were being stored appropriately.</p> | | |
| <p>Last Care Inspection Recommendations</p> | | <p>Validation of Compliance</p> |
| <p>Recommendation 1</p> <p>Ref: Standard 30.1</p> <p>Stated: Second time</p> | <p>It is recommended that a deputy manager/ senior nurse be appointed to assist and support the registered manager in the overall operation and management of the home.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and senior staff nurse confirmed this appointment. The senior staff nurse is allocated one day per week to support and assist the manager with the operational needs of the home. This arrangement is facilitated as far as possible, unless there are other circumstances for example annual leave or staff absences. Staff duty rotas evidenced this information.</p> | | |

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| <p>Recommendation 2</p> <p>Ref: Standard 1.1</p> <p>Stated: Second time</p> | <p>It is recommended that turn knobs to be fitted on bedroom doors with exceptions noted in patients' care plans.</p> <hr/> <p>Action taken as confirmed during the inspection: Alternative arrangements are in place and patients/staff may lock bedroom doors if they wish.</p> | Met |
| <p>Recommendation 3</p> <p>Ref: Standard E54</p> <p>Stated: Second time</p> | <p>It is recommended that suitable transparent privacy screening be provided at the nurses' station.</p> <hr/> <p>Action taken as confirmed during the inspection: A glass privacy screen has been installed at the nurse's station.</p> | Met |
| <p>Recommendation 4</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> | <p>The registered person should ensure that all evidence based guidelines are available and that associated policies and procedures are reviewed accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection: Relevant guidance literature pertaining to continence management was available and policies were updated accordingly.</p> | Met |
| <p>Recommendation 5</p> <p>Ref: Standard 17.1 17.6</p> <p>Stated: First time</p> | <p>The registered person should implement an effective system to seek the views of complainants' regarding their satisfaction in the complaints investigation and outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the complaints record evidenced a robust system which included details of all communications with complainants and relevant others, whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> | Met |

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| <p>Recommendation 6</p> <p>Ref: Standard 30.2</p> <p>Stated: First time</p> | <p>The registered person should ensure the number and ratio of staff to patients should be calculated using method that is determined and agreed with RQIA.</p> | <p>Partially Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>A review of staff duty rotas for a two week period evidenced that there were occasions when the minimum skill mix of at least 35% registered nurses was not maintained over a 24 hour period. However, following discussion with the manager and available evidence, RQIA are satisfied that staffing arrangements are appropriate to meet current patient's needs. Please refer to section 5.5.2 for further information.</p> <p>This requirement has been partially met and given the evidence will not be restated. The manager agreed to retain evidence of all recruitment efforts and outcomes and give consideration to other strategies to maintain the minimum registered nurse skill mix.</p> | | |

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and this referred to regional guidelines on "breaking bad news".

Discussion with registered nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. Some staff consulted expressed a desire for more training in how to communicate with patients/relatives in regards to these sensitive issues. The manager advised training was scheduled which was to include communication and the breaking of bad news, evidence was available to confirm this information.

Is Care Effective? (Quality of Management)

Three care records reflected patient's individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs in regards to visual/ hearing problems and the patient's ability to communicate their needs.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses and two care staff consulted, demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. They provided examples from past experiences to include they would sit down with the patient /relative in a private area, speak calmly and slowly, offering reassurance and opportunity for any questions. Care staff provided examples of learning gained from the training they had completed in relation to same.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with the majority of patients either individually or in small groups. Comments and gestures indicated that they were all happy with the quality of care received and life in the Tilery. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient's representative confirmed that they were happy with the standards maintained in the home. Some comments are included in section 5.5.1 below.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care were available however, did not include the Gain Palliative Care Guidelines, November 2013. The manager gave an assurance these would be included following the inspection. A policy on death and dying was available and was being further developed in regards to the procedures at time of death and the deceased patient's personal belongings. The manager and registered nursing staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013 a copy of which was available in the home.

A review of training records evidenced that some registered nurses and care staff had completed training in respect of palliative/end of life care during 2014/2015. This included the three day programme on Regional Palliative and End of life Care Learning and Development and the Final Journey training. The manager provided evidence of training scheduled for staff using a DVD resource that included all elements relevant to the standards and theme. Discussion with staff confirmed their awareness of this scheduled training. A review of templates for care staff induction and competency and capability assessments for the nurse in charge included both communication and palliative and end of life care, death and dying.

Discussion with three registered nurses confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The care records reviewed evidenced involvement of the palliative care team.

The registered manager and a registered nurse are both palliative care link nurses for the home. Records were available to evidence attendance at the palliative care group meetings and information was shared with colleagues.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place developed by the Western Health and Social Care Trust and discussion with registered nurses confirmed their knowledge of the protocol.

The registered nurses and review of care records confirmed that the home are able to source a syringe driver via the community nursing team and records reviewed for end of life care evidenced the use of a syringe driver for pain and symptom management.

Is Care Effective? (Quality of Management)

A review of care records patient evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom control. Discussion with the manager and registered nurses and a review of records confirmed that care plans could be further developed in regards to individual wishes for end of life care. A recommendation has been made.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key named nurse was identified for each patient approaching end of life care.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying with their loved ones.

From discussion with the manager and staff, and a review of the compliment cards / letters, there was evidence that arrangements in the home were sufficient to support relatives during this time and family had commended management and staff in this regard.

Some comments from recent compliment cards and/or letters are detailed below;

- “Staff always tried to overcome the fact that any kind of communication was difficult.”
- “We were always offered refreshments which were greatly appreciated.”
- “The presence of several staff at the funeral was so thoughtful.”

Discussion with the manager and a review of the complaints record evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support and also support through staff meetings.

Information regarding bereavement support services was available for staff, patients and their relatives.

Areas for Improvement

Consideration should be given to further developing patients care plans in regards to end of life care, death and dying to include patients/ patient representative’s individual wishes.

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| Number of Requirements: | 0 | Number of Recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

5.5 Additional Areas Examined

5.5.1. Consultation with patients, patient representatives and staff.

Part of the inspection methodology in collecting data for the inspection process included speaking with staff, patients and patients relatives asking them for their impression of The Tilery. Questionnaires were issued for completion to aid data collection.

Feedback from the staff, patients and the one relative consulted confirmed that safe, effective care was being delivered in The Tilery.

A few patient comments are detailed below:-

- “I am treated very well.”
- “The food is very good.”
- “I like being in my own room. The staff are all very kind.”

Discussion with one relative confirmed their satisfaction with the care and services provided. Two questionnaires were completed and returned. Responses received were all positive. Comments include:-

- “If I have any issues or concerns regarding my mother...I feel free to talk to any member of staff and they are addressed immediately.”
- “It’s nice to see mum always dressed in her own clothes and these are colour coordinated.”
- “We feel our mum is treated with dignity and respect... her likes and dislikes are acknowledged and facilitated.”

Staff questionnaires and discussion indicated that they took pride in delivering safe, effective and compassionate care.

Comments include:-

- “The carers are very keen to gain knowledge and attend training to increase their skills within their roles.”
- “Staff communicate well and will discuss and seek advice regarding any issues or questions they have for the benefit of the client.”
- “Excellent care in the home.”

No concerns were identified.

5.5.2. Staffing levels

Duty rotas spanning a two week period were reviewed and these evidenced that the registered nurse skill mix on occasions was below the recommended minimum staffing ratio as per the Care Standards for Nursing Homes April 2015. This matter had been raised previously during an inspection on 20 November 2014. This was discussed with the manager who advised that registered nurses had been recruited since the last inspection however, the natural turnover of nurses continued to leave a shortfall. The manager advised the home is actively trying to recruit registered nurses and evidence was available to confirm this action.

No issues in relation to the provision of care were observed, nor were there any concerns raised regarding staffing by patients or staff at time of inspection. The manager discussed possible measures to deal with the deficit and gave assurances that the health and welfare of patients was not comprised.

Given the ongoing recruitment efforts and observations of care delivery at this inspection, RQIA are satisfied that the previously stated recommendation has been partially met and will not be stated again. The manager was advised to continue with the recruitment process and that RQIA as part of inspection activity will continue to monitor staffing levels to ensure that they are appropriate to deliver care to meet the needs of the patients at any given time.

5.5.3. The Environment & Infection control

A general inspection of the home was undertaken which included a random sample of bedrooms and bathrooms. The home was found to be clean and warm throughout. Since the previous inspection a number of areas have been refurbished. However, a number of chairs and pressure relieving cushions were observed as worn and damaged and were not in keeping with infection prevention and control guidance. This was discussed with the manager and an overall audit of the environment including equipment and furniture should be completed to ensure that best practice in regards to infection prevention and control are adhered to. A recommendation has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Martina Mc Govern (registered manager) and Ann Dooris (senior staff nurse) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

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|--|---|
| <p>Requirement 1</p> <p>Ref: Regulation 20 (1)(c)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2015</p> | <p>It is required that all registered nurses receive training on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved.</p> |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Management of Stoma Care training to be delivered In House, by Stoma Care Nurse Margaret Ferguson on 16th September '15. Nurses and Carers to attend.</p> <p>CEC, Altnagelvin contacted re: Catheterisation training. Date to be confirmed for training to be delivered in Tilery Nursing Home.</p> |

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be Completed by: 16 September 2015</p> | <p>It is recommended that care plans are developed to reflect the patient's /patient representative's wishes to further enhance the delivery of person centred care at end of life.</p> |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All careplans have been developed and updated to reflect patients / representatives wishes for end of life care.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 16 September 2015</p> | <p>It is recommended that an audit of the environment including equipment and furniture is undertaken to assure compliance with best practice in regards to infection prevention and control within the home in relation to the issues identified in section 5.5.3.</p> |
| | <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Monthly audits of the care home environment are carried out. Issues of concern identified and referred to maintenance. Reupholstering of furniture where necessary is ongoing. Pressure relieving cushions have been replaced.</p> |

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| Registered Manager Completing QIP | Martina McGovern | Date Completed | 26/08/15 |
| Registered Person Approving QIP | Claire Stranney | Date Approved | 26/08/15 |
| RQIA Inspector Assessing Response | Sharon Loane | Date Approved | 26/08/15 |

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address