Unannounced Care Inspection Report
17 December 2020

The Tilery

Type of Service: Nursing Home
Address: 130 Swanlibar Road, Florencecourt, Enniskillen, BT92 2DZ
Tel No: 028 6634 8811
Inspector: Jane Laird

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

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.

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: The Tilery **Responsible Individual:** Claire Stranney Stephen Stranney	**Registered Manager and date registered:** Nicola Scovell – 13 April 2018
Person in charge at the time of inspection: Nicola Scovell	**Number of registered places:** 40 The home is approved to provide care on a day basis to 2 persons and 1 named person in category NH-LD. There shall be a maximum of 2 named residents receiving residential care in category RC-I and 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:** 37

4.0 Inspection summary

An unannounced inspection took place on 17 December 2020 from 09.45 hours to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- the home's environment
- leadership and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, manager and Caoimhe Sweeney, clinical lead, 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection, registration information, and any other written or verbal information received.

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 and medicines management inspection
- the previous care and medicines management inspection report.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 7 December 2020 and the 14 December 2020
- three patients' daily reports and care records
- record of staff mandatory training
- three patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- incident and accident records
- a sample of governance audits/records
- monthly quality monitoring reports from October 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- registered nurses competency and capability assessments for taking charge of the home in the absence of the manager.

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance was recorded as met. One area for improvement was not reviewed and has been carried forward for review at the next care inspection.

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 previous inspections

The most recent inspection of the home was an announced medicines management inspection undertaken on 15 September 2020. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

Areas for improvement identified at the last inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 14 (2) (a) (b) and (c) **Stated:** Second time	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.	**Met**
	Action taken as confirmed during the inspection: Review of the environment and cleaning chemicals evidenced that this area for improvement has been met.	
Area for improvement 2 **Ref**: Regulation 13 (1) (b) **Stated:** First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of care records and accidents/incidents records, evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref**: Regulation 13 (1) (a) (b)	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.	**Met**

Stated: First time	With specific reference to ensuring that: • Care plans contain patients recommended dietary type/fluid consistency and daily fluid target. • The patients normal bowel type and frequency are included in care plans. • Where a hoist is required the name/type of hoist must be included within the patients care plan.	
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met.	
Area for improvement 4 **Ref**: Regulation 13(7) **Stated:** First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed. With specific reference to: • Storage of equipment • Cleaning of patient equipment following use • Colour coding system for the use of cloths and mops for cleaning	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met. This is discussed further in section 6.2.5 below.	
Area for improvement 5 **Ref**: Regulation 13(4) **Stated:** First time	The registered person shall ensure that the temperature range of the medicine refrigerator is closely monitored to confirm that medicines are being stored in accordance with the manufacturers' instructions.	
	Action taken as confirmed during the inspection: Review of fridge temperature records evidenced that a system was in place to record fridge temperatures on a daily basis. This is discussed further in section 6.2.2 below.	**Met**

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref**: Standard 14.26 **Stated:** Third and final time	The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next care inspection.	
Area for improvement 2 **Ref**: Standard 35 **Stated:** Second time	The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home. The registered manager must ensure: 1 Environmental audits include all areas of the environment. 2 There is a system in place to ensure that assessments in relation to registered nurse competency and capability are carried out on at least a yearly basis or more often if deemed necessary.	**Met**
	Action taken as confirmed during the inspection: Review of governance audits and registered nurse competency and capability assessments evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines. Specific reference to supplementary recording charts:	**Met**

	• Recommended dietary type and fluid consistency to be recorded on daily intake charts to direct relevant care. • Twenty-four hour fluid intake to be entered into the patients daily progress notes. • The frequency of repositioning to be recorded on daily recording charts to reflect the current care plan.	
	Action taken as confirmed during the inspection: Review of a sample of care records and supplementary recording charts evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 09.45 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant atmosphere in the home throughout the inspection and staff were observed to have friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. On review of staff duty rotas it was unclear if the planned staffing levels had been adhered to as shifts were recorded as '7.45 – 8' and were therefore not specific to either day or night duty. This was discussed with the manager and the format of the duty rota was updated during the inspection to reflect the hours worked by staff.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- "Feel very supported by the manager."
- "Great place."
- "Lots of training."
- "Enjoy working here."
- "Patients are well cared for here."
- "The manager is always visible throughout the home."

We discussed staff training specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by the manager that the majority of staff had completed level 2 training but was unable to provide records of compliance. We further identified that level 3 training for staff such as registered nurses with overseeing responsibilities had not been completed. Following the inspection written confirmation was received from the manager that relevant training would be overseen by management to ensure full compliance. This will be reviewed at a future inspection.

6.2.2 Care delivery

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required.

Patients told us that they were well looked after by the staff and felt safe and happy living in The Tilery nursing home. Comments from patients included:

- "You wouldn't find a place like it."
- "Getting well looked after."
- "Great place."
- "Food is great."
- "Staff are all very good."

Discussion with staff and patients confirmed that systems were in place to ensure good communications between the home, the patient and their relatives during the COVID-19 visiting restrictions. Some examples of the efforts made included**;** video calls, telephone calls and visits to the window. The manager advised that indoor visits were facilitated in accordance with COVID-19 guidance.

Seating and dining arrangements had been reviewed by the management of the home to encourage social distancing of patients in line with COVID-19 guidance. The dining room was decorated in preparation for the Christmas lunch with table cloths, napkins and condiments available at each table.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. Staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. A menu was displayed offering a choice of two main meals within the dining room and staff were present within the dining room during meals.

The activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement in accordance with social distancing restrictions. During the inspection we observed patients opening Christmas cards which had been received from a local primary school and in the afternoon live music and singing was provided outside at the entrance door of the home in accordance with COVID-19 social distancing. Patients appeared to enjoy the interaction between the staff and each other.

As mentioned in section 6.1 above a system had been implemented following the medicines management inspection on the 15 September 2020 to monitor fridge temperatures. A copy of these records was reviewed by the pharmacy inspector at RQIA following the inspection who assessed them as satisfactory. This area for improvement has been met.

Review of the records for checks on emergency equipment, evidenced a gap of three days where equipment had not been recorded as being checked. We further identified that a suction machine was not readily available on an emergency trolley within an area of the home. Discussion with staff indicated that there had previously been a fault with the suction machines. We discussed this with management who advised they were unaware of this and confirmed that

both suction machines were in working order. During the inspection the clinical lead transferred one of the suction machines from the treatment room to the emergency trolley. The manager agreed to ensure that relevant checks on equipment used for emergency situations is checked twice daily and that a record is maintained. This was identified as an area for improvement.

We observed a patient in bed with their lower legs positioned over the edge of the bed where there was a space between the bedrail and the foot of the bed and brought this to the immediate attention of the manager. We further observed the use of third party bed rails on one patient's divan type bed and requested a record of bed rail safety checks. The manager advised us that this had not been completed and agreed to commence daily safety checks and a monthly audit in accordance with health and safety regulations. The manager further advised that all care plans and risk assessments would be updated to reflect these safety checks. This was identified as an area for improvement.

We also reviewed the settings on six identified patients' pressure relieving mattresses which evidenced that they were not set according to the patients' weight. On review of a sample of patients care records the care plans regarding pressure care did not contain the recommended setting/type of pressure relieving mattress. During the inspection the manager and clinical lead adjusted all mattresses within the home to ensure they were set correctly and advised that staff would be instructed to update care records accordingly. In order to drive and sustain improvements an area for improvement was stated.

6.2.3 Care Records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. However, on review of an identified patient's care records specific to nutritional care needs and dietary recommendations, there was inconsistent and conflicting information regarding the recommended diet/fluid type which had been assessed by the Speech and Language Therapist (SALT). We further identified that supplementary charts and care plans were not consistently using the international Dysphagia Diet Standardisation Initiative (IDDSI) terminology.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and following the inspection the manager provided written confirmation that a referral had been made to SALT. The manager further agreed to communicate with relevant staff the importance of accurately recording IDDSI terminology within patients' care records. In order to drive and sustain the necessary improvements, an area for improvement was stated.

6.2.4 Infection prevention and control (IPC) measures

There was an adequate supply of PPE and hand sanitising gel throughout the home. Staff demonstrated an awareness of the various types of PPE and was observed applying and removing PPE correctly within designated areas. One member of staff was wearing a wrist watch and we discussed the importance of staff being bare below the elbow with the manager. The manager agreed to monitor this practice during daily walk arounds and hand hygiene audits and action as necessary.

Upon arrival to the home the inspector's temperature and contact tracing details were obtained in line with the current COVID-19 guidelines for visiting care homes. We were also advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

Discussion with the manager and review of staff training records confirmed that staff had completed mandatory training specific to IPC measures. Management were monitoring progress with overall mandatory training to ensure full compliance.

A colour coded system was in place for the use of cleaning equipment and the national colour coding poster was laminated and on display within the domestic store room. Review of the equipment and discussion with staff evidenced that the appropriate colours were being used as per national colour coding recommendations.

6.2.5 The home's environment

The home was fresh smelling and the majority of areas were clutter free. Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. The manager advised that painting of walls was ongoing in-house by the person responsible for maintenance and that any furniture identified as having surface damage is reported to the responsible individual who is very proactive in ensuring that furniture is repaired/replaced where necessary.

Whilst the majority of the environment and equipment within the home was well maintained and stored appropriately, we observed a weighing chair within a bathroom, a urinal bottle in two communal toilet areas and a wheel chair in two patient's en-suites and brought this to the attention of the manager. During the inspection the manager removed all items and discussed storage arrangements with staff. Following the inspection the manager provided written confirmation that during daily walk arounds these areas remain clear with ongoing monitoring to ensure that staff are compliant with IPC measures.

We identified a door stopper which was secured to the floor within a patient's bedroom and considered this to be a potential tripping hazard. The manager advised that the bedroom furniture had recently been rearranged and acknowledged that the door stopper was more exposed. We observed a number of other bedrooms with similar door stoppers fitted to the floor and due to the position of furniture within these rooms the risk of tripping was low. During the inspection the maintenance person removed the identified door stopper and the manager agreed to review all other bedrooms for potential tripping hazards. This will be reviewed at a future inspection.

We observed pull cords in identified en-suites to be uncovered and could therefore not be easily cleaned. This was discussed with the manager and an area for improvement was stated.

A lounge on the ground floor was being used as a temporary visiting area. We also observed an unoccupied bedroom being used as a store for wheelchairs. The importance of rooms being used for the purpose that they are registered for was discussed with the manager. Following the inspection, the manager provided written confirmation that the wheelchairs had been removed from the bedroom and that the lounge would continue to be used as a visiting area on a temporary measure during the COVID-19 period.

6.2.6 Leadership and management arrangements

Since the last inspection there has been no change in management arrangements. The duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a monitoring officer. Copies of the report were available for patients, their representatives, staff and trust representatives and provided detailed and robust information in relation to the conduct of the home. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Five new areas were identified for improvement. These were in relation to emergency equipment checks, bedrail safety checks, settings on pressure relieving mattresses, care records regarding SALT recommendations and appropriate covers on pull cords.

	Regulations	Standards
Total number of areas for improvement	1	4

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

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, manager and Caoimhe Sweeney, clinical lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12 (2) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person should ensure that the process for checking equipment in the event of an emergency is recorded daily by relevant staff and monitored by management to ensure that equipment is in working order and ready for use at all times. Ref 6.2.2
	Response by registered person detailing the actions taken: Daily check sheets have been implimented and are being signed by registered nurses at the beginning and end of shifts.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 14.26 **Stated:** Third and final time **To be completed by:** 18 March 2020	The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next care inspection.
Area for improvement 2 **Ref**: Standard 44.10 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations. This shall include: • a record of daily/monthly safety checks on bedrails • risk assessment and care plan to reflect the safety checks being completed daily/monthly • the type of bedrail to be included within the risk assessment and care plan. Ref: 6.2.2
	Response by registered person detailing the actions taken: Bedrail checks have been added to repositioning charts to be checked each time the resident is repositioned. A new monthly audit has been implimented. Risk assessments are being updated along with careplan to reflect the safety checks.

	Type of bedrail will be included within the risk assessment and careplan which shall be updated monthly. All registered nurses have been informed of this implimentation.
Area for improvement 3 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 17 January 2021	The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage. 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. Ref: 6.2.2
	Response by registered person detailing the actions taken: All residents on pressure relieving mattresses will have the type of mattress and the setting to correspond with their weight entered onto careplan and if the weight changes staff will ensure the careplan is updated and mattress setting changed.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that nutritional care plans, supplementary charts and risk assessments are reflective of: • the current SALT assessment • International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. Ref: 6.2.3
	Response by registered person detailing the actions taken: All nursing staff have been informed that all SALT assessments are included in careplans and that the IDDSI terminology is reflected also. This has also been implimented on to supplimentary charts.
Area for improvement 5 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 17 January 2021	The registered person shall ensure that all pull cords throughout the home are fitted with covers that can be wiped clean. Ref: 6.2.5
	Response by registered person detailing the actions taken: All pull cords throughout the home have been fitted with covers that wipe clean.

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

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