

# Inspection Report

19 & 23 January 2024



## The Tilery

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Tilery  <b>Responsible Individuals:</b> Mrs Claire Stranney Mr Stephen Stranney	<b>Registered Manager:</b> Miss Nicola Scovell  <b>Date registered:</b> 13 April 2018
<b>Person in charge at the time of inspection:</b> Mr Emmanuel Agyapong, Staff Nurse then from 11am Miss Nicola Scovell  23 January 2024 Miss Nicola Scovell	<b>Number of registered places:</b> 40  The home is approved to provide care on a day basis to two persons. There shall be a maximum of one named patient in category NH-LD.
<b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 40 patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 January 2024, from 10am to 1.50pm. This inspection was conducted by a care inspector.

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

It was evident that staff promoted the dignity and well-being of patients and care was delivered in a compassionate manner.

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

One area requiring improvement was identified during this care inspection. This was in respect of making good two identified chairs.

An unannounced inspection took place on 23 January 2024, from 10.00am to 2.00pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

At the last medicines management inspection on 18 July 2023 robust arrangements were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to: maintaining accurate records of medicines ordered, received into the home, administered and disposed of, monitoring and recording medicine refrigerator temperatures, the management of controlled drugs and cancelling and archiving obsolete personal medication records.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and staff would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure that improvements had been implemented and sustained.

The outcome of this inspection evidenced that management and staff within the home had taken appropriate action to ensure the necessary improvements with regards to two identified areas for improvement. The management of controlled drugs had been reviewed and improvements implemented to ensure that controlled drugs are managed safely in the home and accurate records of medicines ordered, received into the home, administered and disposed of were maintained. The improvements noted in relation to monitoring and recording of the medicine refrigerator temperature and cancelling and archiving obsolete personal medication records had not been sustained and therefore two areas for improvement have been stated for a second time. The manager and staff were reminded that the improvements must be embedded into practice and sustained.

RQIA would like to thank the staff and patients for their assistance throughout the inspection.

### **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.

To prepare for the medicines management inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

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

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

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

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

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

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

Patients said that they were well cared for and that staff were kind and caring. Patients also said that they enjoyed the meals and activities in the home and that there was a nice atmosphere. Two patients made the following comments; "I am very well cared for and everything is very good. I feel very comfortable" and "It's grand here. The staff work hard and do their best. I see nothing wrong."

Staff said that they received good support and training and there was good team working and morale amongst staff and management. Staff also said that they felt the care provided was very good and that they would have no hesitation in reporting concerns.

## 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 18 July 2023		
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 27(2)(t) <b>Stated:</b> First time	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person must ensure that records of medicines ordered, received into the home, administered and disposed of are accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as met.  See section 5.2.4	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medicine refrigerator temperatures are monitored and recorded daily including maximum, minimum and current temperatures and that appropriate action is taken if the recorded temperature is outside the recommended range of 2-8°C.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as partially met and it has been stated for a second time.  See section 5.2.4	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the home's standard operating procedure for the management of controlled drugs to ensure that all controlled drugs are managed safely in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met.  See section 5.2.4	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11(1) <b>Stated:</b> First time	The registered person shall put a review in place so that there is an adequate and meaningful programme of activities in place to meet patients' needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that obsolete personal medication records are cancelled and archived.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as not met and it has been stated for a second time.  See section 5.2.4	

## 5.2 Inspection findings

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

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

An area of improvement was made to make good two identified chairs in a communal lounge which were torn and ineffective for cleaning.

Cleaning chemicals were stored safely and securely.

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

The home's most recent fire safety risk assessment was completed on 10 June 2023 with corresponding evidence in place to confirm that the recommendations from this assessment had been addressed. There were no obstructions to fire safety observed in the environment.

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

### 5.2.2 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day. It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music played and television channels was in keeping with patients' age group and tastes.

A planned programme of activities was in place and discussion with one of the activities coordinators found they were enthusiastic for this role going forward.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients said; "It's the best here. No complaints" and "I am well cared for. No worries at all."

Frailer patients were seen to be comfortable and regularly attended to.

Staff interactions with patients were seen to be kind, caring, warm and supportive. These included expressions such as; "Are you warm enough...", ensuring patients' glasses were clean and seeking to know if the patient was comfortable. Expressions of consent were also evident with statements such as "Would you like to ..." when assisting with personal care tasks or knocking of bedroom doors for permission of entry.

The dinner time meal was appetising and nicely presented and there was a nice ambience in place for patients to enjoy their meal.

### 5.2.3 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. Staff said that it was a positive working environment and there was good teamwork and morale.

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

Accidents and incidents were notified, if required, to patients' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

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

The home was visited each month by a representative on behalf of the responsible individual(s) to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by patients, their representatives, the Trust and RQIA. Action plans were in place for any issues identified and these were followed up by recorded evidence of subsequent actions taken.

#### **5.2.4 Medicines management**

##### **Medicine records**

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Following the last medicines management inspection all obsolete personal medication records had been cancelled and archived. However, this improvement had not been embedded into practice and sustained. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the patient. An area for improvement was stated for the second time.



Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. Accurate records of medicines ordered and received into the home were maintained.

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed and were readily retrievable for audit/review.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the majority of medicines not supplied in a monitored dosage system so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that the medicines were being administered as prescribed.

Satisfactory arrangements were in place for the safe disposal of medicines, records were accurately maintained.

### **Storage of medicines**

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the current, maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer.

The current temperature of the medicine refrigerator was within the required range. However, the consistent nature of the maximum/minimum temperatures indicated that staff were not resetting the thermometer each day. The maximum and minimum temperature had been recorded as outside the recommended range for a few weeks. The manager provided assurances that staff would receive training/supervision on how to accurately monitor the temperature of the medicines refrigerator and that this would be monitored through the home's auditing system. An area for improvement was stated for a second time.

### **The management of controlled drugs**

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book.

Discrepancies highlighted at the last inspection had been investigated and addressed. Improvements in the management of controlled drugs had been implemented and systems were in place to ensure any discrepancies would be identified immediately. There were satisfactory arrangements in place for the management of controlled drugs.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1*

\* The total number of areas for improvement includes two 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 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing (23 January 2024)	The registered person shall ensure that medicine refrigerator temperatures are monitored and recorded daily including maximum, minimum and current temperatures and that appropriate action is taken if the recorded temperature is outside the recommended range of 2-8°C.  Ref: 5.1 and 5.2.4  <b>Response by registered person detailing the actions taken:</b> new fridge thermometer purchases and full training given by pharmacist on how to record maximum, minimum and current temperatures and how to record the information on sheet
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 February 2024	The registered person shall make good two identified chairs in the communal lounge.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> the 2 identified chairs were removed from the service and new ones have replaced the said items

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing (23 January 2024)	The registered person shall ensure that obsolete personal medication records are cancelled and archived.  Ref: 5.1 and 5.2.4
	<b>Response by registered person detailing the actions taken:</b> All obsolete medication records have now been archived and only 1 copy is in the file now. All staff made aware to remove if updating and file in archive

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



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