

Unannounced Follow Up Care Inspection Report 22 March 2018



The Tilery

Type of Service: Nursing Home (NH)
**Address: 130 Swanlinbar Road, Florencecourt,
Enniskillen, BT92 2DZ**
Tel No: 028 6634 8811
Inspector: Sharon Loane

www.rqia.org.uk

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

Organisation/Registered Provider: The Tilery Responsible Individuals: Mrs Claire Stranney Mr Stephen Stranney	Registered Manager: See box below
Person in charge at the time of inspection: Ms Nicola Scovell	Date manager registered: Ms Nicola Scovell –registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 40 comprising: 5 identified residential care places in category RC-I. The home is also approved to provide day care for 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 22 March 2018 from 11.00 to 17.35.

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

The unannounced inspection on 15 January 2018 raised concerns that the quality of nursing care and the governance arrangements within The Tilery was below the minimum standard expected. As a consequence of the inspection, the registered person, Claire Stranney and other management representatives attended a serious concerns meeting at RQIA on 19 January 2018. During the serious concerns meeting, management representatives from 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.

This inspection evidenced that despite the assurances which had been provided by the registered person, sufficient progress had not been made and concerns identified had the potential to impact negatively on patient outcomes.

Further enhanced enforcement action was therefore considered and a meeting was held with the registered persons and senior management, with the intention of issuing a failure to comply notice in regards to the health and welfare of patients and governance arrangements.

The registered persons and the manager were required to attend a meeting in RQIA on 29 March 2018.

Mrs Claire Stranney, registered person; Nicola Scovell, manager and Sharon Leonard, acting deputy manager attended the meeting. During the intention meeting management representatives 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 in regards with the above regulation.

A further inspection will be undertaken to validate compliance and drive necessary improvements.

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 majority of patients spoken with stated that they were satisfied with the care and other services provided.

The findings of this report will provide The Tilery 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
Total number of areas for improvement	*7	*1

*The total number above includes seven areas for improvement under the regulations and one area for improvement under the standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Claire Stranney, registered person and Nicola Scovell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2018.

Other than those actions detailed in the QIP there were no further actions required. Enforcement action resulted from the findings of this inspection.

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 received by RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- the action plan submitted in response to the inspection undertaken on 15 January 2018
- pre- assessment audit

During the inspection, care delivery and care practices were observed. We also spoke with five patients individually and with others in small groups, two registered nurses, two care staff and two patient's representatives.

A lay assessor, Alan Craig, was present during the inspection and there comments are included within this report.

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

The following records were examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- staff duty rota for week commencing 19 March 2018
- records confirming registration of nurses with the Nursing and Midwifery Council (NMC)
- staff training records
- three patient care records
- supplementary care records such as repositioning and food and fluid intake charts
- 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 15 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 January 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
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: Second time	The registered person shall ensure that a robust system is developed and maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC).	Met
	Action taken as confirmed during the inspection: Since the previous inspection, the manager had developed and implemented a system to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC). A review of the records evidenced that all of the registered nurses on the duty rota for the week of the inspection were included in these checks. The system was robust and confirmed registered nursing staff registration with NMC at the time of renewal.	

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that notifications are submitted to RQIA as outlined in the regulations.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of accident and incidents records completed from the 10 January 2018 to the date of inspection evidenced that none of those recorded required to be notified to RQIA. A discussion with the manager demonstrated that they were knowledgeable in regards to the criteria for reporting under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<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>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was a lack of evidence that robust governance and management systems were in place to ensure the safe and effective delivery of care to patients. Although, audits had been further developed and implemented since the previous inspection, they were of no intrinsic value in assuring the safe delivery of quality care in the areas aforementioned and to drive the necessary improvements.</p> <p>This area for improvement is stated for a second time.</p> <p>Please refer to section 6.3.3 for further detail.</p>		

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that choking risk assessments had been completed for patients who had been identified at risk of choking. Care plans reviewed included details of recommendations made by the Speech and Language Therapist (SALT). Discussion with staff and observations made evidenced that these recommendations were been adhered to. This element of the area for improvement had been met.</p> <p>However, a review of records pertaining to the management of nutrition including weight loss and food and fluid intake again continued to evidence shortfalls in this area of practice. This area for improvement is partially met and has been stated for a second time.</p> <p>Please refer to section 6.3.1 for further detail.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</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>Partially met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of care records for two patients continued to identify shortfalls in regards to the management of wounds and/or pressure damage. This element of improvement was not met.</p> <p>A review of repositioning records for three patients evidenced that these were maintained in accordance with best practice guidelines.</p> <p>This area for improvement is partially met and has been stated for a second time.</p> <p>Please refer to section 6.3.1 for further detail.</p>	
<p>Area for improvement 6</p> <p>Ref: Regulation16</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records for three patients evidenced that risk assessments and care plans were either not in place, or not sufficiently reviewed in response to the changing needs of patients.</p> <p>This area for improvement is stated for a second time.</p> <p>Please refer to section 6.3.1 for further detail.</p>	<p>Not met</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information evidenced that competency and capability assessments had not been reviewed and/or updated for all nurses who took charge of the home in the manager's absence. According to the staff duty rota nine registered nurses fulfilled this role and assessments had only been reviewed for four members.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: First time</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"> • the management of wounds and pressure care • the management of nutrition including weight loss • the nursing process including record keeping <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information confirmed that training had been provided for staff in regards to the management of wounds and pressure care. The training was facilitated by the Tissue Viability Nurse for the Western Health and Social Care Trust. However, a review of records as discussed earlier evidenced that the learning had not been fully embedded into practice.</p>	<p>Partially met</p>

	<p>The manager confirmed that training in the other two areas outlined above had still to be organised. This was disappointing given that the date for compliance was the 30 March 2018.</p> <p>This area for improvement was partially met and has been stated for a second time.</p>	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 35.7 Stated: First time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: Since the last inspection one monthly monitoring visit had been completed by the registered person. Whilst the report had been developed further attention needs to be given to the quality assurance aspects of care delivery.</p> <p>This area for improvement has been stated for a second time.</p> <p>Please refer to sections 6.3.1 & 6.3.3 for further detail.</p>	
Area for improvement 2 Ref: Standard 38 Criteria 3 Stated: First time	<p>The registered person shall ensure that a robust system is in place to monitor the registration status of care staff with the Northern Ireland and Social Care Council (NISCC).</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the arrangements in place to confirm and monitor the registration of care staff with Northern Ireland and Social Care Council (NISCC) were sufficiently robust.</p> <p>Details of all care staff on the duty rota for the week of inspection were included in the matrix confirming details of their registration to include pending registrations.</p>	

6.3 Inspection findings

6.3.1 Quality of care delivery, care practice and care records

Care records examined were identified as requiring improvements. They did not evidence that a systematic approach to assessing, planning and evaluating care was in place. The review of three patient care records did not evidence that risk assessments were accurately and consistently completed and reviewed in accordance with changes in the patient's condition. Care plans were either not in place, or not sufficiently reviewed in response to the changing needs of patients. Discrepancies were also identified in relation to some of the information recorded.

Concerns were identified in regards to the management of nutrition, weight loss, wounds and the quality assurance processes established to monitor these areas.

There was insufficient evidence within the care records examined to confirm that patient weight loss was being appropriately managed. The Malnutrition Universal Screening Tool (MUST) used by the home, had not been completed consistently. A review of weight monitoring records for January to March 2018 inclusive was undertaken. There was limited evidence that appropriate actions had been taken to manage the weight loss of some patients and care plans were not established in some occasions.

Food and fluid charts were inconsistently recorded with evidence of long gaps between entries and in some cases no entries were recorded. Fluid charts were not always reconciled and the information was not consistently recorded in the daily evaluation notes. A comparison of information recorded within food and fluid charts and daily progress notes for individual patients identified inconsistencies and inaccuracies. For example, one registered nurse had recorded "fair dietary intake" and "food and fluids tolerated with assistance" when the food and fluid charts had not been completed. There were other examples of similar inaccuracies. Entries in the progress notes were often vague and meaningless, for example, "oral intake encouraged" and "diet and fluids tolerated," with no indication if this was accurate. Registered nurses did not make any record of the action they had taken when food and/or fluid intake was inadequate.

A review of care records found insufficient evidence that patient's weight loss was being identified and appropriately managed. The failure to accurately record food and fluid intake for patients identified as being at risk of malnutrition and dehydration could have potentially serious consequences for patients.

Shortfalls were also identified in the prevention and /or management of pressure damage and wounds. A review of care records for two identified patients evidenced that care plans were either not in place to direct care delivery and/or the care being delivered was not in accordance with the regime of care as prescribed by the specialist practitioners. For example; it could not be determined if the care being delivered to one patient was appropriate as the treatment delivered was inconsistent and there was no care plan in place to direct care.

The second care record reviewed identified that the dressing regime had not been adhered to with gaps of nine and ten days when the dressings were required to be changed twice weekly. Similar shortfalls had been identified in regards to this same care record at the previous inspection and it was concerning that corrective actions had not been taken.

There was, therefore, potential for nursing staff to fail to prevent, identify or manage pressure care and/or pressure ulcers appropriately.

Although quality audits had been completed in the areas outlined above they either failed to identify shortfalls, and where shortfalls had been identified there was no evidence that these had been re-audited to ensure the necessary improvements.

All of the shortfalls outlined above have been identified as areas for improvement under the regulations as an outcome of the previous care inspection. Due to continued non-compliance these areas for improvement have been stated for a second time. Please refer to the Quality Improvement Plan (QIP).

It was also noted that registered nurses failed to obtain a newly prescribed antibiotic in a timely manner which resulted in a two day delay in the treatment provided to the patient. This again had the potential to impact negatively on the patient's health and welfare and an area for improvement under regulation has been identified. This has been identified as a new area for improvement under the regulations.

6.3.2 Consultation with patients, relatives and staff

As previously discussed a lay assessor, was present during the inspection and spoke with patients and their representatives. The lay assessor spoke to five patients and one patient's representative. Feedback was positive, patients spoken with indicated that they were either 'very satisfied' or 'satisfied' that the home was delivering safe, effective and compassionate care. Some comments included:

"The owners have been good to me"

"I've no concerns at all"

"I never see anything wrong, it's all right. It's good enough for me".

One patient spoken with expressed some dissatisfaction in regards to certain aspects of care and other service provided. This information was discussed with the manager who agreed to address and action appropriately.

6.3.3 Governance arrangements

There was a lack of evidence that robust governance and management systems were in place to ensure the safe and effective delivery of care to patients. Although, audits had been further developed and implemented since the last inspection, they were of no intrinsic value in assuring the safe delivery of quality care in the areas aforementioned and to drive the necessary improvements. Audits undertaken since the last care inspection, included; wound care, patients' weight and nutritional management, accident and incidents and some care records. A review of the audits evidenced that they did not identify the shortfalls evidenced at this inspection and action plans had not been developed in some instances for areas of improvement and/or required actions. There was a lack of evidence that the areas for improvement had been re-audited to check compliance and quality assurance. A discussion held with management acknowledged these findings and agreed that this area of practice required further development and that the improvements still needed to be further embedded into practice.

The registered person advised RQIA at the intention meeting held, that an independent healthcare consultant will be working with the home in a supportive role to provide support to the management and staff to ensure the necessary improvements are achieved. The monthly monitoring reports will also be completed by this individual. Areas for improvement identified at the last care inspection in regards to governance arrangements and Regulation 29 monthly monitoring reports have been stated for a second time.

Areas for improvement

A new area for improvement under the regulations has been identified in regards to medicines management. A number of areas for improvement identified under the regulations and standards at the last inspection were not met and have been stated again. Refer to the Quality Improvement plan for further detail.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Stranney, registered person and Nicola Scovell, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 3 May 2018</p>	<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> <p>Ref: Sections 6.2 & 6.3.3</p> <p>Response by registered person detailing the actions taken: Action plan devised and followed up regularly to ensure improvements. 4 Careplan audits per week, weekly wound audits and 2 weekly weight monitoring audits completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 3 May 2018</p>	<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> <p>Ref: Sections 6.2 & 6.3.1</p> <p>Response by registered person detailing the actions taken: 2 weekly weight monitoring audits conducted by Manager / Deputy. Any concerns regarding significant weight loss reported to Nurses for follow up with GP, dietician and NOK. All residents with choking risk have been assessed and risk assessment put in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 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>Ref: Sections 6.2 & 6.3.1</p> <p>Response by registered person detailing the actions taken: Weekly wound audits completed by Manager / Deputy. Careplan in place for all residents with wounds. Audits of repositioning charts completed weekly by Manager / Deputy any issues highlighted to staff.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: Second time</p> <p>To be completed by: 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>Ref: Sections 6.2 & 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: 4 Careplan audits completed weekly, any deficits rectified immediately by Manager / Deputy and deficits highlighted to named Nurse.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20(3)</p> <p>Stated: Second time</p> <p>To be completed by: 3 May 2018</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> <p>Ref: Sections 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Competency assessments completed for all staff who take charge of Shifts.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 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"> • the management of wounds and pressure care • the management of nutrition including weight loss • the nursing process including record keeping <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <p>Ref: Sections 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Record keeping training has been provided for all staff to attend. Wound training has been provided for all staff to attend. Nutrition training still awaiting due to busy workload of dieticians, however regular reviews of weight loss conducted by dieticians.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: Sections 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All acute prescriptions are collected at local pharmacy immediately.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 35.7 Stated: Second time To be completed by: 3 May 2018	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. Ref: Sections 6.2 & 6.3.3
	Response by registered person detailing the actions taken: Reg 29 will continue to be conducted by consultant. Robust audit provided, action plan completed by Manager and reviewed by consultant.

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



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