

Inspection Report

26 October 2022



The Tilery

Type of service: Nursing

Address: 130 Swanlinbar Road, Florencecourt, Enniskillen, BT82 2DZ

Telephone number: 028 6634 8811

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: The Tilery Registered Persons: Mrs Claire Stranney Mr Stephen Stranney	Registered Manager: Miss Nicola Scovell Date registered: 13 April 2018
Person in charge at the time of inspection: Miss Nicola Scovell	Number of registered places: 40 The home is approved to provide care on a day basis to 2 persons. There shall be a maximum 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: 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides care for up to 40 patients. This is a single storey home with bedrooms situated on the ground floor over four wings; East Wing, South Wing, Riverside and Lakeside. Patients have access to communal lounges, a dining room and outdoor gardens.	

2.0 Inspection summary

An unannounced inspection took place on 26 October 2022 from 9.15am to 4.20pm by a care inspector.

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

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 6.0. One area for improvement in relation to care records for dietary requirements has been stated for a second time.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "This is a very good home", "Getting well looked after", "I have everything I need here", "I feel safe here" and "I am very happy here". There were no questionnaires received from patients or relatives.

Staff said that the Manager was very approachable, teamwork was good and that they felt well supported in their role. One staff member said: "A lovely place to work" and a further staff member said "I love it here". There was no response from the online staff survey.

Three relatives were consulted with during the inspection. Comments included; "I have nothing but praise for this home and the staff", "This place is amazing", "(The) staff are very attentive and always attending to patients" and "The staff cannot do enough for you".

Comments received during the inspection were shared with the management team.

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 15 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 Stated: Second time	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation. Records pertaining to the recruitment process must be accurately maintained to evidence the process is robust.	Met
	Action taken as confirmed during the inspection: Review of a sample of recruitment records and discussion with the manager evidenced that this area for improvement had been met.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.	Met
	Action taken as confirmed during the inspection: Observation of staff practices and the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure the following in relation to the provision of nutritional care for patients:	Partially met
	<ul style="list-style-type: none"> • that care plans, risk assessments and supplementary charts are reflective of the current SALT assessment • communication systems are reviewed to ensure that the dietary requirements of the patient are effectively communicated to all relevant staff. 	

	<p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending. The registration status of one care assistant was discussed with the Manager and following the inspection the Manager provided verbal confirmation of the action taken to address this.

Review of two employee recruitment records evidenced that relevant pre-employment checks had been completed.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager.

The inspector requested a sample of registered nurses competency and capability assessments for taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to pressure area care evidenced that these were mostly well maintained.

Whilst most bedrail protectors had been fitted correctly a small number were not in the correct position. This was discussed with the Manager who agreed to review all bedrail protectors to ensure they are fitted appropriately and to monitor during daily walk arounds.

The inspector observed a visitor assisting their relative in a wheelchair with the foot rests not in the correct position. This was discussed with the Manager who verbally confirmed the action taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the meals were covered.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT. However, review of one patient's care records evidenced inconsistencies in the recommended fluid type as per SALT assessment. Details were discussed with the management team and an area for improvement has been stated for a second time.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. A number of discrepancies were identified in relation to the content of some of the care records. This was discussed with the management team who updated most of the records during the inspection and agreed to review and update all other records accordingly. This is discussed further in section 5.2.5.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. The Manager confirmed that refurbishment was ongoing to ensure the home is well maintained.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. During the inspection one staff member was observed wearing nail polish and a wrist watch. This was discussed with the Manager who took immediate action to address this.

The inspector observed prescribed medication which had been left with a patient without providing appropriate supervision with administration of the medication. This was brought to the attention of the registered nurse who attended to the patient. Details were discussed with the management team and an area for improvement was identified.

It was further observed that a prescribed topical medicine was unsecure within a patient's bedroom and the date of opening had not been recorded. Details were discussed with the Manager who removed the topical medication and agreed to communicate with all relevant staff regarding the safe storage and administration of medication. The above information was shared with the RQIA pharmacy inspector and an area for improvement was identified.

Denture cleaning tablets were observed unsecure within one patient's en-suite. The Manager advised that the patient was able to use these safely but acknowledged the potential risks to other patients and agreed to review the storage of denture cleaning tablets for all patients. Following the inspection the Manager provided written confirmation of the action taken to address this.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

Patients commented positively about the food provided within the home with comments such as; "The food is great", "Great choice of food" and "The food is very nice".

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

A review of the records of accidents and incidents which had occurred in the home found that one notifiable event had not been submitted to RQIA and a retrospective notification was requested and received following the inspection. All other accidents and incidents had been appropriately reported to the relevant persons.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion. However, as mentioned above in section 5.2.2 a number of discrepancies were identified in relation to care records. On review of care record audits a number of deficits had been identified but had not been followed up to ensure the necessary improvements had been made. This was identified as an area for improvement.

The home was visited each month by a representative of the Registered Person to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1*	3

* The total number of areas for improvement includes one regulation that has been stated for a second time*.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Nicola Scovell, Registered Manager and Miss Caoimhe Sweeney, Clinical Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of nutritional care for patients:</p> <ul style="list-style-type: none"> • that care plans, risk assessments and supplementary charts are reflective of the current SALT assessment • communication systems are reviewed to ensure that the dietary requirements of the patient are effectively communicated to all relevant staff. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans and risk assessments have been reviewed along with all charts and are reflective of the current SALT assessments. The communication system has been reviewed and is updated when any changes occur and communicated to staff when changes arise.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicines are administered in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All nursing staff had a supervision explaining the importance of staying with a resident when medications are given and comply with standards. Care plan in place for residents who do not wish assistance and staff to remain with resident while medications are being taken</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that prescribed topical medicines are securely stored and the date of opening is clearly recorded.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: all prescribed topical medications are in the locked nursing trolley for application by the nurse. a review was conducted and all nurses informed of the importance of putting opening dates on items</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2022</p>	<p>The registered person shall ensure that any deficits identified during care record audits are followed up to ensure they have been addressed.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: new system in place where after care file audits the nurse must complete actions and return to management for sign off. There is also an action plan for all care files that have been audited and returned to be marked as complete</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqa.org.uk
Web www.rqa.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care