

Announced Premises Inspection Report 27 September 2016



The Tilery

Type of Service: Nursing Home

Address: 130 Swanlinbar Road, Florencecourt, Enniskillen, BT92 2DZ

Tel No: 028 6634 8811

Inspector: R.Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of The Tilery Nursing Home took place on 27 September 2016 from 10:10 to 12:50hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified as requiring corrective action, and will require attention from the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. There were no issues identified as requiring corrective action. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care, there were no issues identified as requiring corrective action by the registered provider. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led, there were no issues identified as requiring corrective action by the registered provider. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Eileen Stanford, Registered Manager, and Mr Joe Stranney, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 22 August 2013.

2.0 Service Details

Registered organisation/registered provider: The Tilery	Registered manager: Eileen Stanford
Person in charge of the home/establishment/agency at the time of inspection: Eileen Stanford	Date manager registered: Eileen Stanford - registration pending
Categories of care: RC-I, NH-I	Number of registered places: 36

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, concerns log.

During the inspection the inspector met two patients, kitchen and laundry staff, Mrs Eileen Stanford, Registered Manager, and Mr Joe Stranney, Registered Person.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to the maintenance and inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 August 2016

The most recent inspection of the nursing home was an unannounced finance inspection, IN026979, dated 5 August 2016. The completed QIP has not yet been returned, for approval by the finance inspector. This QIP will be validated by the finance inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 22 August 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14.(2)(a), (b) & (c) Stated: First time	Submit copies of maintenance records to verify that thermostatic mixing valves are subjected to a periodic inspection/test regime by a competent person Action taken as confirmed during the inspection: Valid certificates examined.	Met
Requirement 2 Ref: Regulation 14.(2)(a), (b) & (c) Stated: First time	Submit copies of the laundry and kitchen gas appliances gas safe register safety inspection reports Action taken as confirmed during the inspection: Valid certificates examined.	
Requirement 3 Ref: Regulation 27.(4)(a) Stated: First time	Complete a fire risk assessment review; implement any recommended improvements/control precautions, including the installation of self-closer devices on bedroom doors. Action taken as confirmed during the inspection: Risk assessment reviewed 8 September 2016.	Met
Last premises inspection recommendations		
Recommendation 1 Ref: Standard 35.1 Stated: First time	Submit a copy of the facility legionella risk assessment and works action plan. Action taken as confirmed during the inspection: Legionella risk assessment completed.	Met
Recommendation 2 Ref: Standard 35.1 Stated: First time	Record monthly emergency lighting BS5266 functional user testing and visual user inspection of fire-fighting appliances. Action taken as confirmed during the inspection: Testing and inspections implemented monthly.	

4.3 Is care safe?

A range of documents relating to the maintenance and inspection of the premises were presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and associated risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies, and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A number of recommendations from 08 September 2016 fire risk assessment are to be implemented:
 - Bedroom door installation of swing free self-closers,
 - Fire safety awareness staff training should be at six monthly intervals,
 - Personal Emergency Evacuation Plans should be developed for patients assessed as requiring assistance to evacuate the premises during an emergency.
 Reference Quality Improvement Plan, Recommendation 1.
2. Annual fire drill record was not presented for review.
Reference Quality Improvement Plan, Recommendation 1.
3. A number of bedroom doors had not yet been fitted with self-closer devices; Mr Stranney advised that the installation of self-closers was currently in progress.
Reference Quality Improvement Plan, Recommendation 1.
4. The last recorded weekly BS5839 user test record presented for review was dated 20 September 2016; it was however noted that some weekly test details were not recorded.
Reference Quality Improvement Plan, Recommendation 2.
5. The last recorded monthly emergency lighting BS5266 test was dated 20 September 2016. It was however noted that some monthly inspection/test details were not recorded.
Reference Quality Improvement Plan, Recommendation 2.

6. The Periodic Inspection Report for the electrical Installation IPN3/0616299 dated 12 November 2015 listed a number of code C3 recommendations.
Reference Quality Improvement Plan, Recommendation 3.
7. There was no verification evidence presented confirming that the Thermostatic Mixing Valves (TMVs) were subjected to periodic maintenance by a competent person.
Reference Quality Improvement Plan, Recommendation 3.
8. The Legionella risk assessment was completed on 02 December 2013. The Legionella risk assessment will be reviewed and amended when the proposed extension works are complete and ready for registration.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises maintenance management, and corrective/repair maintenance works. Service users are involved where appropriate in decisions around the maintenance of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, free from malodours, and with adequate lighting levels.

Service users are consulted about decisions around decoration of private accommodation where appropriate. This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to relevant authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources have been provided by the registered responsible person

There are appropriate relationships with maintenance personnel, specialist contractors, and statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Eileen Stanford, Registered Manager, and Mr Joe Stranney, Registered Parson, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standards 48.1, 48.2 & 48.3</p> <p>Stated: Second time</p> <p>To be completed by: 22 November 2016</p>	<p>The registered provider should implement the fire risk assessment works action plan recommendations in accordance with the assessors report recommendations.</p> <p>Response by registered provider detailing the actions taken: Fire risk assessment works action plan recommendations have been implemented in accordance with the assessors report recommendations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47.1</p> <p>Stated: Second time</p> <p>To be completed by: 22 November 2016</p>	<p>The registered provider should ensure that weekly fire detection and alarm user tests, monthly emergency lighting functional tests are recorded in compliance with BS5839 and BS5266 respectively.</p> <p>Response by registered provider detailing the actions taken: Weekly fire detection and alarm user tests, monthly emergency lighting functional tests are recorded in compliance with BS5839 & BS5266.</p>
<p>Recommendation 3</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2016</p>	<p>The registered provider should ensure that the electrical installation and thermostatic mixing valves are maintained in accordance with current health and safety guidelines, and manufacturer`s instructions.</p> <p>Response by registered provider detailing the actions taken: All electrical installation and thermostatic mixing valves are maintained in accordance with current health and safety guidelines and the manufacturer's instructions.</p>

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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