

# Inspection Report

**Name of Service:** The Tilery  
**Provider:** The Tilery  
**Date of Inspection:** 3 September 2025

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

## 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>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 40 patients. Accommodation is over a ground floor level, with a range of communal areas. Patients have access to gardens and a courtyard area.	

## 2.0 Inspection summary

This unannounced inspection took place on 2 September 2025, from 9.30am to 3.15pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress the areas of improvement identified by RQIA, during the last care inspection on 19 February 2025. All previous areas of improvement were reviewed as met. Three previous areas of improvement from the medicines management inspection were carried forward to be reviewed at the next inspection.

The inspection found that safe, effective and compassionate care was delivered to patients and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to articulate their views appeared comfortable and at ease.

As a result of this inspection, four new areas of improvement were made. Full details of this area of improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Patients said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Some of the comments made included the following statements; "They (the staff) are all lovely to me here. I am very content, with no complaints.", "There's plenty to eat. It's a great place." and "I am cared for very well and very comfortable. I have no complaints."

Patients who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and support. Staff said that they felt the standard of care provided was very good.

One visiting relative said they were very pleased with the home and if they had any concerns they would raise this with staff and felt that such would be acted upon appropriately. This relative also said that staff were seen to be kind and caring.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

There was an effective system in place to manage the registration of nursing and care staff with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

#### 3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were respectful, warm, polite and friendly.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff to receive falls management training.

At times some patients may require the use of equipment that could be considered restrictive such as bed rails or alarm mats. Use of such equipment was reviewed on a monthly basis. An area of improvement was made for review of bed rail usage to be more detailed as to take account any changes or risks with the patient, such as restlessness and disturbed sleep patterns.

Patients may require special attention to skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients needed a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that patients were enjoying their meal and their dining experience.

A varied programme of group and individual activities and events was in place for patients to avail of and enjoy. The genre of music and television channels played was in keeping with patients' age group and tastes.

### 3.3.3 Management of Care Records

The manager undertakes a preadmission assessment to ensure the needs of the potential patient can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

An area of improvement was made for assessments and care plans for any patients who smoke to be in accordance with current safety guidance.

Patients' care records were stored safely and confidentially.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable and suitably facilitated. Communal areas were nicely decorated, suitably furnished and comfortable.

The grounds of the home were very well maintained with good accessibility for patients to avail of.

The home's most recent fire safety assessment was dated 15 July 2025. This assessment had corresponding evidence recorded actions taken with regard to the two recommendations made.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

### 3.3.5 Quality of Management Systems

Miss Nicola Scovell is the registered manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

An area of improvement was made to ensure all expressions of dissatisfaction and complaint are recorded in the record of complaints.

The home was visited each month by a representative of the Responsible Individuals 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	5*

\* The total number of areas for improvement includes three of which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Nicola Scovell, 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> 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.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (11)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 September 2025	The Registered Person shall ensure that all expressions of dissatisfaction and complaint are recorded in the complaints record.  <b>Ref:</b> 3.3.5  <b>Response by registered person detailing the actions taken:</b> The registered person will ensure all complaints are recorded in the monthly audit
<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> 23 January 2024	The registered person shall ensure that obsolete personal medication records are cancelled and archived.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 19 October 2024	The registered person shall ensure all medicines are appropriately labelled and stored securely.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 October 2025</p>	<p>The registered person shall ensure all nursing and care staff to receive falls management training.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The traing has been booked by care home support and we are awaiting the date for training</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 October 2025</p>	<p>The registered person shall ensure that reviews of bed rail usage are detailed as to take account any changes or risks with the patient, such as restlessness and disturbed sleep patterns.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> staff will ensure that bedrail evaluations will be done monthly and extensivley with all details and changes included</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4 (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 September 2025</p>	<p>The registered person shall ensure that assessments and care plans for any patients who smoke are in accordance with current safety guidance.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> care plan has been updated to take into account relevant details</p>

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



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