

Inspection Report

Name of Service: The Tilery
Provider: The Tilery
Date of Inspection: 19 February 2025

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
Responsible Persons:	Mrs Claire Stranney Mr Stephen Stranney
Registered Manager:	Miss Nicola Scovell
<p>Service Profile: This home is a registered nursing home which provides general nursing care for up to 40 patients over 65 years of age; and care on a day basis to 2 persons.</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 February 2025, from 9:25 am to 3 pm by a care inspector.

The purpose of this inspection was to follow-up on the progress made in relation to the areas for improvement identified in the home since the last care inspection on the 19 October 2024; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients. Patients said that living in the home was a good experience; that they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection it was positive to note that nine areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time and four areas for improvement will be reviewed at a future inspection. Full details, including new areas for improvement identified, 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 patient's, 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.

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 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: "The care is great here, you couldn't get any better", "They (staff) make you feel at home", "The staff are great", "This is a great place", "Very happy here" and "Getting well cared for".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "If I press my buzzer staff attend quickly" and a further patient said: "The staff are fantastic here".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them. Staff said there was good team work; they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and discussing patients' care in a confidential manner.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients commented positively about the food provided within the home with comments such as: "The food is perfect", "I really enjoy the food. The food is terrific, better than a hotel" and "The food is good and plenty of choices".

Patients were well presented and staff were observed assisting patients throughout the day with attending to personal care and continence needs. One patient said: "The staff are always there if I need anything" and a further patient said: "The staff are very good and hard working here".

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. A schedule of activities was on display within the home offering a range of activities including; arts and crafts, music, movies, bingo, baking, games and religious services.

Patients were afforded the choice and opportunity to engage in social activities and a number of patients were observed taking part in a game of skittles in the afternoon facilitated by the activity co-ordinators. Other patients were engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their environment.

3.3.3 Management of Care Records

Review of a sample of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, a number of care records did not contain relevant care plans for specific medical conditions. An area for improvement has been stated for a second time.

The activity of daily living assessments for one patient had not been fully completed and a further patient's assessment had not been updated on at least an annual basis to ensure that the information documented remained relevant. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded. Scoring out was evident in a number of daily care records. The manager agreed to have this addressed and to monitor going forward. This will be reviewed at a future inspection.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that some new floor coverings had been installed since the last inspection. The manager advised that painting of walls was ongoing to ensure the home is well maintained.

A wardrobe within a patient's bedroom; dresser within a lounge and corner unit within a patient's bedroom had not been secured to the wall for safety. This was discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Nicola Scovell has been the manager in this home since 13 April 2018.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The home was visited each month by a representative of the responsible persons to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

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
Total number of Areas for Improvement	1*	5*

* The total number of areas for improvement includes one standard that has been stated for a second time and four areas for improvement which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 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.
	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. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: Second time To be completed by: 23 January 2024	The registered person shall ensure that obsolete personal medication records are cancelled and archived.
	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. Ref: 2.0
Area for improvement 2 Ref: Standard 38.3 Stated: First time To be completed by: 19 October 2024	The registered person shall that during the recruitment process, gaps in employment are explored and documented.
	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. Ref: 2.0
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 19 October 2024	The registered person shall ensure all medicines are appropriately labelled and stored securely.
	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. Ref: 2.0

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 19 March 2025</p>	<p>The registered person shall ensure that patients' care plans are reflective of any relevant medical condition and the patients' current needs.</p> <p>Ref: 2.0 and 3.3.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2025</p>	<p>Response by registered person detailing the actions taken: STAFF CONTINUE TO DEVELOP CARE PLANS FOR SPECIFIC CONDITION FOR EACH RESIDENT. CARE PLANS ARE INDIVIDULISED FOR EACH RESIDENT. INTERVENTIONS FOR DEHYDRATION CARE PLANS HAVE BEEN EXTENDED</p> <p>The registered person shall ensure that the activity of daily living assessments for patients are fully completed and reviewed on at least an annual basis, or when there is a change in the patient's needs.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: ALL ADL HAVE BEEN REVIEWED AND MOVING FORWARD WILL BE REVIEWED ON A MONTHLY BASIS</p>

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