

# Inspection Report

**Name of Service: The Tilery**

**Provider: Mrs Claire Stranney  
Mr Stephen Stranney**

**Date of Inspection: 19 October 2024**

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 Persons:</b>	Mrs Claire Stranney Mr Stephen Stranney
<b>Registered Manager:</b>	Miss Nicola Scovell
<b>Service Profile:</b>	
<p>This home is a registered nursing home which provides general nursing care for up to 40 patients over 65 years of age; one named patient in learning disability 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 October 2024 from 10.00 am to 5.30 pm 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 with the areas for improvement identified, by RQIA, during the last care inspection on 19 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, medicines management, infection prevention and control (IPC), care records, the safe transfer of patients in wheelchairs, displaying a weekly schedule of activities and general data protection regulation (GDPR).

Patients said that living in the home was a good experience. Patients unable to voice their opinions 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 one area for improvement was assessed as having been addressed by the provider. Two areas for improvement relating to medicines management 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.

An announced estates inspection took place on 29 October from 14.20 pm to 15.30 pm by an estates inspector, to review variation application VA011865 relating to the construction of an external storage accommodation. The inspection also reviewed the securing of wardrobes following information received from the care inspector during their inspection on the 19 October 2024.

### **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: "Getting well looked after", "The staff are very attentive", "I am very happy here", "Good care here" and "Staff attend to me quickly".

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: "I only have to press my buzzer and they (staff) are here" and a further patient said: "Everyone (staff) is more than good".

Relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "My (relative) is well presented and the staff always

present (relative) well”, “The staff are excellent and very attentive”, “Great communication from staff”, “Very happy with the care my (relative) is receiving” and “Excellent care here”. One relative said that on occasions they have observed that some patients may have to wait for a long time for staff to assist them to the toilet. This information was shared with the manager to review and action as necessary.

### 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. Review of one staff file evidenced that gaps in employment had not been fully explored and an area for improvement was identified.

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, discussing patients’ care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. Advice was provided to the manager on how to improve the record keeping specific to the deprivation of liberty safeguards (DoLS) register.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and records were maintained.

The risk of falling was 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.

One patient was observed being transferred on a wheelchair without any footrests and whilst there was a lapbelt attached to the wheelchair, this was not being used. On discussion with staff and review of several other wheelchairs; it was identified that there were no footrests on a number of wheelchairs and lapbelts were not routinely used. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a menu on display within the dining room, however, there was only one choice of meal documented. This was discussed with the staff who confirmed that there was a second option which should have been added to the menu board; the manager agreed to ensure that the menu board is monitored going forward to include the choice of two meals.

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. Two staff were observed standing when assisting patients with their meal. This was discussed with the manager who agreed to communicate with relevant staff and to monitor for this type of practice going forward.

Patients commented positively about the food provided within the home with comments such as: "The food is great and plenty of choices", "The food is normally very good" and "If you don't like something, they (staff) will always make you something different".

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "Plenty of activities and things to do", "I really enjoyed painting each others faces during the week" and "The staff are very friendly here".

During the inspection patients were engaged in their own activities such as; watching TV, resting or chatting to staff and whilst patients commented positively about the activities within the home, an activity schedule was not displayed. An area for improvement was identified.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a sample of patients' care records evidenced that care plans regarding certain relevant medical history were not in place for a number of patients and an area for improvement was identified.

Patients' care records were not held confidentially within one area of the home. This was discussed with the manager and an area for improvement was identified.

Whilst care records were regularly reviewed; a number of risk assessments and care plans had not been reviewed within the required timeframe. It was further identified that the minimum daily fluid target was not recorded in one patient's care plan and a number of care plans regarding fluid intake did not state the action to take and at what stage if the daily fluid target is not achieved. Areas for improvement were identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. The manager advised that refurbishment was ongoing to ensure that the home is well maintained.

Whilst most areas of the home were clean, warm and comfortable, a number of hand paper towel and soap dispensers were stained underneath; a number of bedrail protectors were torn; an identified light pull cord was stained and a pedal bin within a communal toilet had some surface corrosion. An area for improvement was identified.

An emergency fire exit door was obstructed with a hoist; this was brought to the attention of the manager who immediately had this removed. All other fire exit doors and corridors were clear from obstruction.

A locked medicines trolley was observed unattended with unsupervised access to prescribed supplements and medication on top of the trolley. Topical creams and/or eye drops were also observed within three patients' bedrooms; some of which were not appropriately labelled and the date on one of the topical creams had expired. One patient further advised that they were administering some of these medications independently; this practice was not included within the patient's care plans or risk assessments. The manager was advised to report this to the patient's key worker within the Trust and to submit a notification to RQIA. This was shared with the pharmacist inspector and areas for improvement were identified.

Denture cleaning tablets were identified in two patients' en-suites. The potential risks were discussed with the manager who had these removed and agreed to complete appropriate risk assessments to ensure that going forward these are securely stored. This will be reviewed at a future inspection.

A number of staff were not bare below the elbow and one staff member was observed moving between the bathroom and two patients' bedrooms without changing their personal protective equipment (PPE) or washing their hands. It was further identified that patient equipment was inappropriately stored within a number of en-suites. Areas for improvement were identified.

The type of wall fixtures on some wardrobes were flexible compared to other wall fixtures. This information was shared with the estates inspector to review as part of their announced variation VA011865 inspection.

During the estates inspection on the 29 October 2024, the estates inspector reviewed the wardrobe wall fixings and found them to be robust and fit for purpose. The new external storage accommodation in respect of VA011865, was assessed as compliant with care standards requirements.

### 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.

A review of the records of accidents and incidents which had occurred in the home found that two notifiable events had not been submitted to RQIA. Following the inspection, these notifications were submitted retrospectively.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by 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
<b>Total number of Areas for Improvement</b>	2*	12*

\* The total number of areas for improvement includes one regulation and one standard that have been carried forward for review at a future 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.

<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	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>To be completed by:</b> 23 January 2024	<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>

	Ref: 2.0
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (c) <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2024	The registered person shall ensure that wheelchairs have footrests and a lapbelt in place during transfers in accordance with the patients' assessed needs.  Ref: 3.3.2  <b>Response by registered person detailing the actions taken:</b> new weekly audit devised for the senior carers to ensure the foot rests and belts are on wheelchairs at all times, and any deficits reported to manager and maintenance. senior carers have explained in a supervision for all staff the reasons for footplates and lap belts and when to release the lap belts. This will also be monitored by management and incorporated monthly to governance file
<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>  Ref: 2.0
<b>Area for improvement 2</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2024	The registered person shall that during the recruitment process, gaps in employment are explored and documented.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> all personell files are being audited to ensure all gaps have been explored and any gaps the time period is accounted for
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> 26 October 2024	The registered person shall ensure that a programme of activities is displayed in a suitable format and in an appropriate location so that patients and their representatives know what is scheduled.  Ref: 3.3.2

	<b>Response by registered person detailing the actions taken:</b> new planner devised and covers a 14 day period and displayed in key areas within the home
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2024	The registered person shall ensure that patients' care plans are reflective of any relevant medical condition and the patients' current needs.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> new care plans devised for relevant medical conditions. All staff have attended care plan training
<b>Area for improvement 5</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> New lockable cabinets have been purchased and in place with lockable doors.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2024	The registered person shall ensure that care plans and risk assessments are reviewed within the required timeframe.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> monthly care plan update document in place detailing when the monthly update is required
<b>Area for improvement 7</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time <b>To be completed by:</b> 26 October 2024	The registered person shall ensure that any patient at risk of dehydration has a care plan in place detailing the recommended daily fluid intake with the action to take and at what stage, if the daily fluid target is not met.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> new risk of dehydration care plan in files detailing what action needs taken if there is a deficit in fluid target. all care plans for hydration/dehydration not indicate the recommended daily target

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2024</p>	<p>The registered person shall ensure that the home is kept clean and hygienic at all times and equipment used for patients is well maintained.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> cleanliness audit in place and domestics given a supervision on importance of checking sanitisers</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2024</p>	<p>The registered person shall ensure all medicines are appropriately labelled and stored securely.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Medication training given to all staff and the issues during the inspection highlighted. no medication to be left on trolley</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2024</p>	<p>The registered person shall ensure that a risk assessment and care plan are in place for any patient who self administers medicines.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> no resident deemed fit to self administer medications independantly. resident in question assessed and is happt for staff to administer creams</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Standard 46.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2024</p>	<p>The registered person shall ensure that hand hygiene is a priority within the home, with specific reference to, ensuring that staff are bare below the elbow; change their PPE and wash their hands at appropriate intervals.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> all staff attended infection control training and are aware of use of all PPE and manager ensures that all staff aware they are bare from the elbow down.</p>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2024</p>	<p>The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> all equipment is stored appropriately to reduce risk and spread of infection</p>

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



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