

Inspection Report

Name of Service: The Tilery
Provider: The Tilery
Date of Inspection: 30 June 2026

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 Individuals:	Mrs Claire Stranney Mr Stephen Stranney
Registered Manager:	Ms Nicola Scovell
Service Profile – 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 30 June 2026, from 9.15 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 with the four areas of improvement identified by RQIA, during the last care inspection on 2 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The previous areas of improvement were met. The previous areas of improvement from the medicines management inspection were not reviewed on this occasion and carried over to the next inspection.

Patients said they were well cared for and staff were kind and attentive.

Staff spoke positively about the provision of care, staffing levels, training, teamwork and managerial support.

Care practices were delivered in an unhurried, kind, caring manner.

Two areas of improvement were made as a result of this inspection.

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 the 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 happy with the care in the home, that there was a nice atmosphere, staff were kind and attentive and they enjoyed the meals. One patient made the following comment; "They (the staff) are very good, each and every one. I feel very grateful here."

Three visiting relatives said they were very happy with the care in the home and that staff were kind and attentive.

Staff spoke positively about their roles and duties, the provision of care, staffing levels and training.

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.

Any nurse in charge of the home in the absence of the manager has been assessed as competent and capable of doing so.

Staff said 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 of staff on duty. Requests for assistance were answered promptly.

Patients said that there was enough staff on duty to help them. Patients also said they had confidence in staffs' ability to provide good care.

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

3.3.2 Quality of Life and Care Delivery

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

It was established that safe systems were in place to safeguard patients with use of equipment, such as alarm mats and bedrails, which would be considered as restrictive.

Examination of care records and discussion with the manager confirmed that the risk of 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.

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

Observation of the dinner time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience. The dinner time meal was appetising, wholesome and nicely presented.

Patients spoke positively on the meals including the provision of choice.

A varied programme of activities and events was in place for patients to avail. Activity provision included one to one time with those patients in frailer health and capability.

The genre of music and television channels played was in keeping with patients' age group and tastes.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Patients' bedrooms were comfortable and personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

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

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 17 June 2026. The manager confirmed that the one recommendation from this assessment was being addressed.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Ms Nicola Scovell is the Registered Manager of the home.

Patients and staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

The manager had processes in place to monitor the quality of care and other services provided to patients. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

The complaints policy and procedure was in keeping with legislation and guidance. An area of improvement was made for records of complaint to be centralised under one file and recorded in accordance with the detailed procedure. Advice was given in respect of same. An area of improvement was also made for all nursing staff to receive training in the management of complaints.

Records of the visits on the behalf of the responsible individual were informative and detailed.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Nicola Scovell, Registered Manager, 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.
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.
Area for improvement 2 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.
Area for improvement 3 Ref: Standard 16(11) Stated: First time To be completed by: 6 July 2026	The registered person shall ensure all complaints are recorded in a centralised record and in a format in accordance with the home's policy on complaints. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person has updated complaints procedure in accordance with policy. This has been implemented.

Area for improvement 4 Ref: Standard 39(4) Stated: First time To be completed by: 30 June 2026	The registered person shall ensure all nursing staff to receive training in the management of complaints. Ref: 3.3.5
	Response by registered person detailing the actions taken: All registered nursing staff have been allocated complaints training.

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews