



Unannounced Care Inspection Report 4 December 2020



Avila

Type of Service: Nursing Home (NH)

Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW

Tel No: 028 3083 8969

Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 49 persons.

3.0 Service details

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Cathal O'Neill</p>	<p>Registered Manager and date registered: Maria Lucille Holt</p> <p>17/07/2013</p>
<p>Person in charge at the time of inspection: Lucie Holt – registered manager</p>	<p>Number of registered places: 49</p> <p>A maximum of 1 patient shall be accommodated within category NH-LD/LD(E). A maximum of 10 patients in category NH-DE to be accommodated within the Dementia Unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 45</p>

4.0 Inspection summary

An unannounced inspection took place on 4 December 2020 from 10.50 to 17.10 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lucie Holt, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with patients and staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to patients' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 30 November 2020
- staff's registration with either Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accident and incident reports
- record of complaints and compliments
- records of audit
- monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 December 2019.

No further actions were required to be taken following the most recent inspection on 3 December 2019.

Areas for improvement from the last care inspection on 23 May 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time	The registered person shall ensure fire exits and fire extinguishers are kept clear and are free from obstruction.	Met
	Action taken as confirmed during the inspection: No issues were observed or identified with fire safety during this inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the identified specialist chairs are repaired or replaced in order to adhere to best practice in infection prevention and control measures.	Met
	Action taken as confirmed during the inspection: The manager confirmed that following the previous care inspection a number of chairs were replaced. No issues were identified with the condition of chairs during this inspection.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that damaged equipment is replaced in order to adhere to infection prevention and control policies and procedures.	Met
	Action taken as confirmed during the inspection: The manager confirmed that following the previous care inspection any equipment which was damaged and could not be effectively	

	cleaned was either repaired or replaced. No further issues were identified with equipment during this inspection.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.	Met
	Action taken as confirmed during the inspection: A review of repositioning charts evidenced that these were completed in accordance with legislative requirements and best practice guidance.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.	Met
	Action taken as confirmed during the inspection: We observed that menus were available in the main dining to inform patients of what was available for lunch.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with six members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. Staff recognised the impact of the current COVID 19 pandemic on patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff shared ideas of how the hand over report could be improved upon; these suggestions were shared with the registered manager for consideration.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of

registering. The manager was aware of her responsibility to ensure that any issues of staff malpractice were reported to professional bodies.

Review of training records confirmed that staff undertake a range of training annually relevant to their roles and responsibilities. The home have two staff who are trained to deliver manual handling training. Practical manual handling was recently completed with all staff. The manager completed observations of staff practice to ensure staff were adhering to manual handling care plans. We discussed the importance of ensuring that the dates these observations are undertaken were recorded.

The manager explained that newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

Records evidenced that arrangements were in place to ensure that staff received regular supervision. The manager maintained a matrix to record the dates supervision was completed and the dates of planned sessions.

We provided questionnaires in an attempt to gain the views on staffing from relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

A number of patients were being nursed in bed. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed the management of pain and saw that pain assessments were in place and reviewed regularly. For patients who required analgesic medication on an "as required" basis a pain chart was completed when pain relief was administered and included an evaluation of the effectiveness of the medication. The management of "as required" pain relief was also included in the monthly medication audit.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. Staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. A menu, offering a choice of two main meals, was available in the dining room and staff were present within the dining room during meals.

At the time of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Two areas had been allocated for patients to receive visitors; one in the reception area of the main home and the other in the dementia unit. Both identified areas could be accessed directly from the outside without visitors having to come into the home. Precautions such as a booking system, temperature checks and provision of Personal Protective Equipment (PPE) were in place for visitors to minimise the risk of infection. Systems

such as video calls and regular telephone calls between the home, patient and their relatives were also in place. Relatives and friends could also visit at the windows.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“(named staff)...were not only my mammy’s saviour but mine and my family. In a very dark time Avila was a shining light.”

“We would like to say how grateful we feel for the kindness and dedication shown to (relative) during the time he lived in Avila.”

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed. From these assessments, care plans to direct the care and interventions required were produced. Risk assessments were in place to identify patients mobility needs. Care plans included the level of assistance required, any equipment and, if required, the size and type of hoist. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. We saw that staff displayed a good understating of the needs of some patients despite them being unable fully verbalise their needs.

We reviewed patients’ needs in relation to wound prevention and care. Records confirmed that wounds were dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 Infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. The uniform policy had been reviewed and staff no longer travel to and from work in their uniforms. Arrangements were also in place to reduce staff contact with each other, for example separate

entrances for the main house and dementia unit. Audits, including hand hygiene, the use of PPE and compliance with the uniform policy were completed regularly and evidenced good compliance with best practice.

Staff were knowledgeable of how to support and care for any patient required to self isolate. Management reported that they have received good support from the Southern Health and Social Care Trust (SHSCT) and Public Health Agency (PHA) throughout the current pandemic.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. The manager explained that the amount of domestic hours had been increased to facilitate enhanced cleaning. Staff also confirmed that bedrooms where patients were self-isolating would be cleaned last.

6.2.6 Leadership and governance.

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the clinical lead. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We discussed the arrangements in place for the completion of the monthly monitoring visit by the registered provider during the pandemic. The manager explained that between March and August 2020 this review was completed via the telephone. On site visits recommenced in September 2020. We examined the reports of the visits for September and October 2020. Where any issues were identified, an action plan was developed. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery and activities, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

No areas for improvement were identified as a result of this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Avila was safe, effective, compassionate and well led.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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