

Inspection Report

16 September 2021



Avila

Service: Nursing Home
Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual: Mr Cathal O'Neill	Registered Manager: Mrs Lucille Holt Date registered: 17/07/2013
Person in charge at the time of inspection: Mrs Luci Holt	Number of registered places: 49 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.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 49 persons. Patient accommodation is located on the ground and first floor of the home. The dining rooms and lounges are located on the ground floor. There is a 10 bedded unit dedicated to the care of patients with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2021 from 9 30 am to 5 20pm by a care Inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Avila was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care.

As a result of this inspection three areas for improvement was identified with the secure storage of cleaning solutions and care records. Compliance with these areas will further improve the services provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with twelve patients and nine staff. Patients provided examples of what they liked about living in Avila. They said they were content, well looked after and that they enjoyed the food. The atmosphere in the home was unhurried and social. Patients called staff by their name and were well informed of the day to day running of the home.

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented, smiled when spoken with and were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

Staff spoke openly of the recent challenges of staffing; they reported that they had confidence in management and their ability to recruit additional staff. They said that they were well supported

by management and were happy working in the home; staff had great ownership of the home and took pride in undertaking their duties.

We spoke with one relative who was visiting; they were complimentary regarding the standard of care and manner with which staff delivered care. One completed questionnaire was received from a relative following the inspection. Their responses stated that they were very satisfied with the provision of staffing, the compassion with which staff undertook their duties, the delivery of care and the management of the service.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Avila was undertaken on 4 December 2020 by a Care Inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager discussed recent staff vacancies and the challenges of recruiting and retaining staff in the current climate. There was an action plan in place which had been shared with the staff team at a recent meeting. The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager confirmed that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. One staff member was being inducted at the time of the inspection. The new member of staff was introduced to each patient prior to assisting them; this was commended. The staff member overseeing the induction was knowledgeable of patient need and provided good support and direction to the new member of staff. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the manager to complete their registration.

Patients were happy with the manner in which staff attended them; they described the staff as patient, friendly and very helpful.

Staff were satisfied that when the planned staffing was provided there were sufficient staff to meet the needs of the patients. A number of new staff have been recruited recently and staff spoke of the impact inducting staff had on their daily role. Management had recently sought staff opinion on how induction could be better managed; staff reported that their opinion had been taken on board and changes made to the induction process.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Patients' needs were assessed 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. Care records contained good detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded. Patients with wounds had these clearly recorded in their care records. The date the dressing was due to be renewed was not always identified, this led to inconsistencies with the length of time between dressing changes. This has been identified as an area for improvement.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Care plans were in place to manage patients' nutritional needs. Patients' monthly weight should be evaluated in the review of the nutritional care plan and any loss or gain commented on. This was identified as an area for improvement. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet.

The majority of patients chose to have their meals in the main dining room which is a large, bright room. There was a relaxed atmosphere with patients socialising with one another. The food served was attractively presented and smelled appetising. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals. Patients commented positively on the meals served describing them as "home cooked".

A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. Catering staff explained that the menu was due to be revised to reflect the change in season. They explained that the autumn/winter menu had more stews,

casseroles and warm puddings included. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need. It was observed that patients enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished and comfortable.

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. A spray bottle of cleaning solution had been left in a bedroom and cleaning solutions were observed in a sluice room; neither were stored securely; this was identified as an area for improvement.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

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.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; four patients were benefiting from the support of their care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name and responded to requested for assistance in a quiet, calm manner. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices. Staff in the dementia unit were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them and, at times, to provide a diversion when required.

Patients were of the opinion that they were well supported by staff and were able to make choices about their day to day life in the home and that these choices were respected by staff.

These choices included times for getting up and going to bed, where they chose to have their meal, food and drink options, and where and how they wished to spend their time.

Recruitment was ongoing for the position of Activity leader which was vacant at the time of the inspection. Staff were aware of the importance of providing meaningful activities however due to the recent staffing pressures they were challenged with the time they had to commit to them. Some patients were able to structure their day independently with pastimes such as reading, knitting, watching television, and spending time in the company of other patients. A number of patients had a daily newspaper delivered and spoke of how much they appreciated this service. Musical dvds and films were also provided for general entertainment in the main lounge.

Patients were well informed of the day to day running of the home. They were aware when new staff were commencing and spoke of how the introduction of new staff impacted on them. They had confidence in the staff and confirmed that there was always someone they felt they could talk to if they had concerns. Many of the patients referred to the staff they would choose to confide in by name.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. There has been no change in the management of the home since the last inspection. Mrs Holt has been the Manager since July 2013. Management support was provided by the Responsible Person, Mr O'Neill, who was present in the home regularly. The Manager also reported good support from the Southern Health and Social Care Trust (SHSCT) particularly during the past 18 months of the global pandemic. A range of systems were in place to provide the manager with oversight of the delivery of care.

Staff commented positively about the manager and described them as supportive, approachable and knowledgeable of the day to day life in the home. They were confident that if they brought concerns to her attention they would be addressed.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records were in place to evidence compliance with this training.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of the incidence of accidents, environment, infection prevention and control (IPC) practices and care records.

There was a system in place to manage complaints and to record any compliments received about the home.

Unannounced visits were undertaken each month, on behalf of the applicant Responsible Individual, 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. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in Avila was delivered in a safe, effective and compassionate manner with good oversight of the day to day running of the home by the management.

Staff engaged with patients on an individual and group basis. Patients were well presented and relaxed in the company of staff.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

As a result of this inspection areas for improvement were identified with the secure storage of cleaning solutions and care records. Compliance with these areas will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Luci Holt, 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 14 (2) (a) Stated: First time To be completed by: Ongoing from the day of the inspection	The Registered Persons shall ensure that cleaning solutions are stored securely. Ref: 5.2.3 Response by registered person detailing the actions taken: Key pad locks have been fitted to the sluice rooms in the nursing unit and the Derrymore Suite
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: Ongoing from the date of inspection	The Registered Persons shall ensure that the date dressings are due to be renewed is recorded on the wound care documentation. Ref: 5.2.2 Response by registered person detailing the actions taken: The date on which dressings are to be renewed are recorded on the wound chart
Area for improvement 2 Ref: Standard 12.12 Stated: First time To be completed by: Ongoing from the date of inspection	The Registered Persons shall ensure that patients' monthly weight should be evaluated in the review of the nutritional care plan and any loss or gain commented on. Ref:5.2.2 Response by registered person detailing the actions taken: Patients monthly weights are evaluated in the Review section of the Nutritional Care Plan, and any loss/gain/ if further action is required is recorded

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