

Announced Variation to Registration Care Inspection Report 21 July 2017



Avila

Type of Service: Nursing Home
Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW
Tel No: 02830838969
Inspector: Donna Rogan

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 39 persons.

3.0 Service details

Registered Provider: Kilmorey Care Ltd Applicant Responsible Individual(s): Peggy O'Neill	Registered Manager: Maria Lucille Holt
Person in charge at the time of inspection: Maria Lucille Holt	Date manager registered: 17 July 2013
Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 39 A maximum of 1 patient shall be accommodated within category NH-LD/LD(E).

4.0 Inspection summary

An announced variation to registration inspection of Avila took place on 21 July 2017 from 10.00 to 14.30 hours.

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

The inspection sought to assess the work undertaken in regards to an application submitted to RQIA for a variation to the registration of Avila to increase the number of registered beds from 39 to 49. An extension to the home has recently been purpose built to accommodate the proposed variation of admitting a total of 10 patients within NH-DE category of care. A premises inspection was undertaken alongside this care inspection by Raymond Sayers, estates inspector. The premises inspection report will be issued separately.

The variation to registration to Avila was granted from a care perspective, this is subject to the full Building Control completion certificate being received by the provider from Building Control. When the certificate is received a copy should be forwarded to RQIA.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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 Lucy Holt, registered manager, and Peggy O'Neill, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 19 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 19 June 2017. No areas for improvements were identified following 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:

- the application to vary the registration of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

During the inspection the inspector met with Lucy Holt, registered manager, and Peggy O'Neill, responsible individual, and reviewed the layout of the new extension to accommodate 10 patients with dementia.

The following records were examined during the inspection:

- the home's statement of purpose
- the home's patient guide
- staff training records regarding fire drills
- a sample of policies and procedures

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 June 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

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This inspection focused solely on the variation to registration application made by the registered provider to RQIA.

6.3 Inspection findings

The general environment

The responsible individual and the registered manager accompanied the inspectors to review the changes made to the general environment and the new 10 bedded extension.

The new patient bedrooms were presented to a high specification and were tastefully decorated. All bedrooms were equipped with a range of furniture, television and ensuite facilities. Communal day space was also presented to a high standard and was welcoming and tastefully decorated.

A dementia environmental audit had been conducted and the environment was considered to be in keeping with best practice in dementia care; for example signage, break out areas and colour schemes.

Statement of purpose

A review of the home's statement of purpose accurately reflected the registration status of the home and Regulation 3 of The Nursing Homes Regulations (Northern Ireland) 2005.

Policies and procedures

A policy and procedure manual was available and centrally indexed the operational policies and procedures. A system was in place to ensure that policies and procedures are reviewed three yearly minimum and more frequently if required. It was evidenced that they included the date when issued, reviewed or revised.

A sample of policies and procedures were reviewed as follows; complaints procedure and the actions to be taken in the event of a fire and/or fire alarm sounding. A minor change was identified in regard to the management of deliveries to the home to ensure that access to the dementia unit entrance was always clear in the event that emergency services were to be contacted. The registered manager agreed to address this immediately following the inspection.

Staff training records

Review of records evidenced that a training matrix was in place which included details of all staff employed and evidenced the training received by each staff member. A training planner was also in place and effectively managed to ensure all staff met the mandatory training requirements. Training for all staff in dementia care was in progress.

Records for training completed were maintained in accordance with the Care Standards for Nursing Homes, DHSSPS 2015.

Records reviewed and discussion with the registered manager evidenced that arrangements were made to ensure all staff had undertaken a fire drill which included the new dementia unit and that the fire system had been updated to reflect the new extension to the unit.

Admission planning

A discussion with the registered manager confirmed that the arrangements for admission of patients to the new dementia unit were being co-ordinated with input from the Trust.

Staff duty rota and planned skill mix

A discussion with the registered manager outlined that the organisational structure of the home remained unchanged and that staffing levels would be kept under review in accordance with the health and welfare needs of the patients to be accommodated.

Staffing arrangements will be reviewed and monitored by RQIA during subsequent care inspections.

The registered manager also confirmed that staff would be reminded of the changes during handovers as part of the management of changes to the registration and occupancy of the home.

Areas of good practice:

The standard of work carried out and the décor/set up of the new dementia unit; the environment; admission planning; management of the changes.

Areas for improvement:

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The variation to registration to Avila was granted from a care perspective, this is subject to the full Building Control completion certificate being received by the provider from Building Control. When the certificate is received a copy should be forwarded to RQIA.

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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