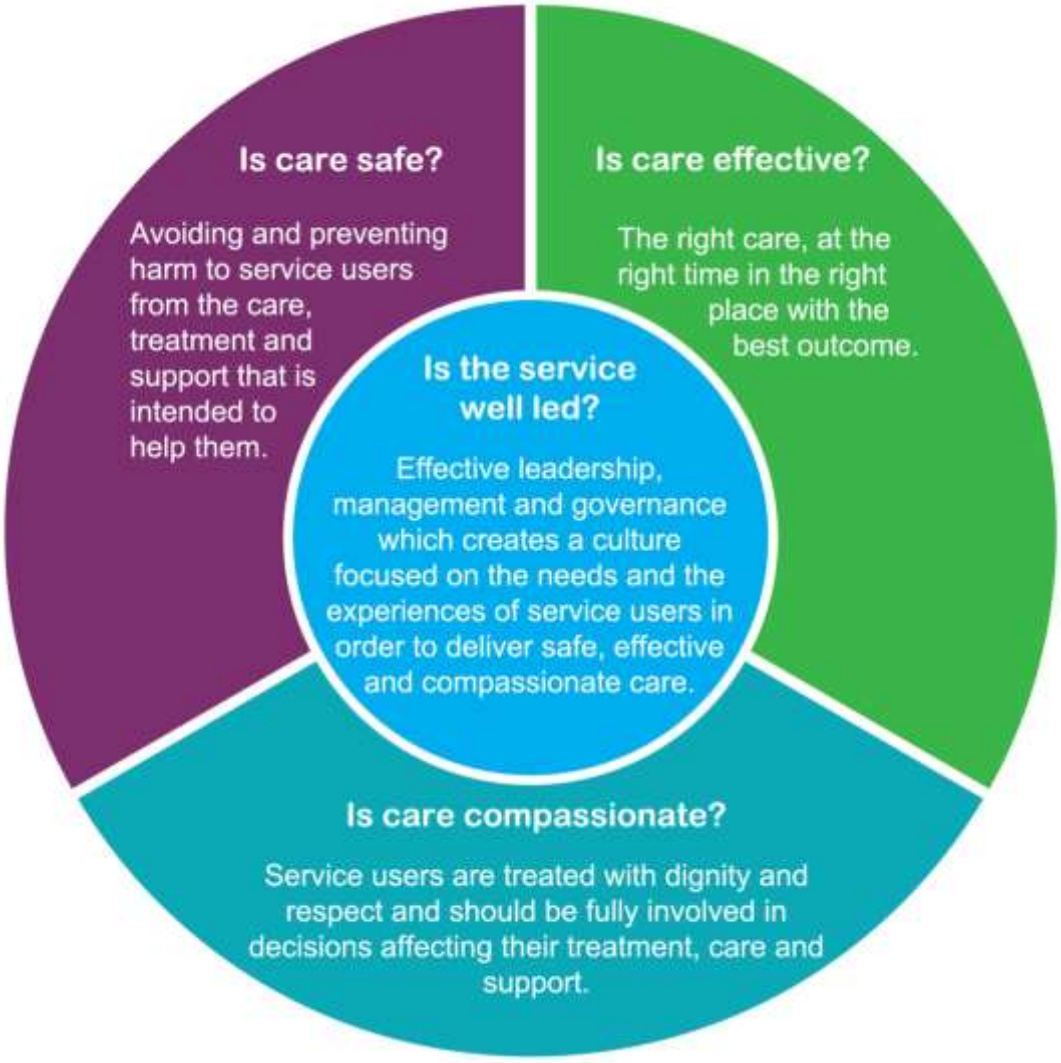
Unannounced Care Inspection Report
29 October 2018

Avila

Type of Service: Nursing Home (NH)
Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW
Tel No: 02830838969
Inspector: Gerry Colgan

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.

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 48 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd **Responsible Individual:** Cathal O'Neill	**Registered Manager:** Maria Lucille Holt
Persons in charge at the time of inspection: S/N Eileen Valante S/N Sarah Rice	**Date manager registered:** 17 July 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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. DE – Dementia.	**Number of registered places:** 49 NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E), NH-DE 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.

4.0 Inspection summary

An unannounced inspection took place on 29 October 2018 from 08.30 to 16.30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, audits and reviews and communication between residents, staff and other key stakeholders, Further evidence of good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas were identified for improvement under the standards in relation to infection prevention and control, the home's environment, reallocating a caseload when a key worker is off on long term leave and ensuring patients observations are consistently completed.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Eileen Valante and Sarah Rice, senior clinical nurses as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 06 July 2018

The most recent inspection of the home was an announced finance inspection undertaken on 6 July 2018. There were no further actions required to be taken following the most recent 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
- 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 returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 20 patients, two patients' relatives and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 22 October to 11 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- ten patient care records
- ten patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 July 2018.

The most recent inspection of the home was an announced finance inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 16 April 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 22 October 2018 to 11 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily

to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for all care staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the senior clinical nurses confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of ten patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the senior clinical nurses and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were

observed to be clear of clutter and obstruction. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. However, the fitted furniture in four identified bedrooms was found to be in poor state of repair and in need of refurbishment, and there were wide joints and cracks in the floor covering on the downstairs corridors preventing the floors from being adequately cleaned. These are stated as areas for improvement under the standards.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were not being consistently adhered to. The senior clinical nurses had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed, however three identified personal chairs and the wheelchairs had not been effectively cleaned. This is stated as an area for improvement under the standards.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas were identified for improvement under the standards in relation to infection prevention and control and the home's environment.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of ten patient computerised care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However some gaps were discovered in relation to care documentation. The caseload of a nurse on long term leave had not been distributed to other nurses therefore the evaluations of care were overdue. Also it was found that monthly clinical observations had not been consistently completed for all patients. Areas for improvement are stated under the standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their relatives, if appropriate. There was evidence of regular communication with relatives within the care records. The senior clinical nurses advised that patient and/or relatives meetings were held on regular basis. Minutes were available. Patients and their relatives confirmed that they were aware of the dates of the meetings in advance. Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and relatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients and relatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified under the standards in relation to reallocating a caseload when a key worker goes off on long term leave and ensuring patients observations are completed on a regular basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 08.30 hours and were greeted by staff that were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room, in the lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity

and to eat and drink as required. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed on the notice board evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and the registered nurses were overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home.

There were systems in place to obtain the views of patients and their relatives on the running of the home.

Consultation with 20 patients individually, and with others in smaller groups, confirmed Avila Care Home was a good place to live.

Patient comments included:

- "I am here a year now. It is top class. Nurses, carers, food. Everything is good. I can't complain at all."
- "Its grand here. I can't say a bad word about it. Staff are all the very best. You couldn't ask for anything better."
- "You could be in a lot worse places. Everyone is so good to us. Nothing is any trouble to them."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided. Five were returned within the timescale. All five indicated that they were very satisfied or satisfied with the care provided across the four domains. The following comment was provided:

- "My mother is very happy in Avila Care Home and we as her family are extremely happy with the care and attention Mum receives."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient relatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified in this domain during the inspection

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The senior clinical nurses confirmed that the equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the senior clinical nurses and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and/or wounds occurring in the home.

Discussion with the senior clinical nurses and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes 2015.

Discussion with the nurses and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen Valante and Sarah Rice, senior clinical nurses as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 31 January 2019	The registered person shall ensure that the fitted furniture in the four identified bedrooms is maintained in a condition that is fit for purpose. The identified furniture should therefore be repaired or replaced. A timeframe for the completion of this work should be provided with the return of the QIP. Ref: 6.4
	Response by registered person detailing the actions taken: The process of replacing the fitted furniture in the identified bedrooms has begun. A refurbishment programme for 2019 will commence in January 2019, which will include upgrading of fitted bedroom funiture.
Area for improvement 2 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 31 December 2018	The registered person shall ensure that the floor covering on the downstairs corridors is repaired or replaced to ensure that it can be adequately cleaned. Ref: 6.4
	Response by registered person detailing the actions taken: The floor covering on the downstairs corridor was repaired during week 12/11/2018.
Area for improvement 3 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 30 November 2018	The registered person shall introduce a robust system to ensure that the identified patient's personal chairs and all wheelchairs are adequately cleaned. Ref: 6.4
	Response by registered person detailing the actions taken: A cleaning schedule for the patients Kirton chairs and wheel chairs has been developed. This will be co signed by the care assistant and nurse and will be included in the Hygiene audits.

Area for improvement 4 **Ref**: Standard 37.4 **Stated:** First time **To be completed by:** 30 November 2018	The registered person shall ensure that when a key worker/named nurse is off on long term leave their caseload is reallocated to ensure continuity of care. Ref: 6.5 **Response by registered person detailing the actions taken:** The identified records were re allocated immediately after the inspection. The identified records had been re-allocated to another nurse however the administration change over was not carried out in a timely fashion. We now have systems in place to ensure this does not happen in the future.
Area for improvement 5 **Ref**: Standard 37.4 **Stated:** First time **To be completed by:** 30 November 2018	The registered person shall ensure that if monthly clinical observations on all patients are prescribed: these must be maintained accordingly. Ref: 6.5 **Response by registered person detailing the actions taken:** Monthly clinical observation are now completed and recorded appropriately.

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

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