



The Regulation and  
Quality Improvement  
Authority

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**Announced Estates Inspection  
of  
Avila**

**29 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 29 September 2015 from 10.30am to 1.00pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	1

The details of the QIP within this report were discussed with Mrs. Maria Lucille Holt, Registered Manager and Mr. J Cox, who is responsible for maintenance, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### Service Details

<b>Registered Organisation/Registered Person:</b> Kilmorey Care Ltd/Mrs Peggy O'Neill	<b>Registered Manager:</b> Mrs Maria Lucille Holt
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Maria Lucille Holt	<b>Date Manager Registered:</b> 17 July 2013
<b>Categories of Care:</b> NH-LD, NH-LD(E), NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 39
<b>Number of Patients Accommodated on Day of Inspection:</b> 37	<b>Weekly Tariff at Time of Inspection:</b> £587

## 2. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire safety**

## 3. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to the inspection the following records were analysed: The previous estates inspection report and the statutory notifications over the past 12 months.

Discussions with Mrs Holt and Mr Cox during the inspection.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment etc... .

## 4. The Inspection

### 4.1 Review of Requirements and Recommendations from Last Inspection

The last inspection of this home was an unannounced secondary care inspection on 10 March 2015. The completed QIP was returned to RQIA on 22 April 2015 and approved by the care inspector on 28 April 2015.

#### 4.2 Review of Requirements and Recommendations from the last Estates Inspection on 31 July 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(b)</p>	<p>The large patio area to the rear of the home should be reviewed and remedial works / pressure washing should be carried out as required.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mrs Holt confirmed that this patio area had been pressure washed following the previous estates inspection. A further wash was now due. Subsequent to this estates inspection RQIA received confirmation that the pressure washing had commenced. In addition some minor remedial works were required at the access covers to ensure that these are level with the surrounding surfaces. Reference should be made to requirement 1 in the attached Quality Improvement Plan.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulations 14(2)(a) 14(2)(c)</p>	<p>The window openings should be checked and adjusted as required to ensure that all of the openings are controlled to a safe point of opening with a maximum clear opening of 100mm. Restrictors should not be easy to disengage without the use of a key or a specialist tool. Particular attention should be given to the window openings in bedroom 17A and in the first floor corridor. The keys for the window opening restrictors should not be fixed to the windows. These keys should be held in a secure location which is not accessible to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The window opening controls had been checked following the last estates inspection. The keys for the window restrictors had been removed from the windows. Sample checks to the window openings indicated that they were controlled with the exception of the one window opening in bedroom 79. Subsequent to this estates inspection RQIA received confirmation that an inspection of the windows had been undertaken and a new restrictor had been fitted in bedroom 79.</p>	<p><b>Met</b></p>

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	Further action should be taken to reduce the 'medium' risk assessment ratings in relation to hot surfaces to 'low' risk. Reference should be made to the advice contained in the Health Guidance Note 'Safe Hot Water and Surface Temperatures issues by NHS Estates and the information available from the Health and Safety Executive in relation to risk assessment methodology (five steps to risk assessment).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mrs Holt confirmed that the risks associated with hot surfaces were taken into account in the care planning for each patient and there were currently no patients considered to be at a significant risk in relation to this issue.	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	The issues identified for attention in the reports for the most recent service and thorough examination of the passenger lift should be followed up (in hand). The thorough examination reports for the lift should also be checked to ensure that they include the correct reference details.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent thorough examination of the passenger lift was completed on 04 August 2015. The report for this thorough examination identified a number of issues for attention. These issues related mainly to the safety arrangements for the ongoing maintenance of the lift. These issues should be resolved through discussions with the maintenance engineers and the engineers who completed the thorough examination. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(4)(q)</p>	<p>The risk assessment for the prevention or control of legionella bacteria in water systems should be reviewed, updated and actioned as required. The plumbing system should also be reviewed and altered as required to ensure that the temperature of the unblended hot water does not fall below 50oC throughout the system. In addition water samples should be tested specifically for legionella bacteria as part of the control measures.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The most recent risk assessment for the prevention or control of legionella bacteria in the water systems was carried out in June 2014. The report for this risk assessment which was presented for review during this estates inspection identified a small number of issues for attention which had been addressed. The records presented for review in relation to the most recent monthly checks to the unblended hot water temperatures indicated that the 50° C standard was being achieved. Water samples were tested in June 2014 as part of the risk assessment process. The results for these water sample tests were satisfactory.</p>	<b>Met</b>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27(4)(q)</p>	<p>The issues identified for attention in the report for the most recent inspection and test of the Nurse Call system should be followed up.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The most recent inspection and test to the nurse call system was completed by the service engineers on 25 August 2015. The report for this work which indicated that the system was satisfactory was presented for review during this estates inspection.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 7</b>  <b>Ref:</b> Regulations 13(7) 27(4)(c)	<p>The position in relation to the use and operation of the washer/disinfectors in the sluices should be reviewed and confirmed to RQIA. The storage rack in the first floor sluice should also be replaced.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            One washer/disinfector that is located in the first floor sluice is still in use in the home. At the time of this estates inspection this washer/disinfector was out of service as it required a new switch. Arrangements were however in hand to address this issue so that the washer/disinfector could be brought back into use. The storage rack had been removed from the first floor sluice room.</p>	
<b>Requirement 8</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	<p>The report for the most recent gas safety check to the gas equipment in the laundry should be followed up.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The most recent gas safety inspections to the gas equipment in the laundry and the kitchen were carried out on 28 May 2015 with a satisfactory outcome.</p>	
<b>Requirement 9</b>  <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	<p>The extent of testing carried out (report indicates that sub circuits were not tested) during the most recent inspection and test to the general electrical installation should be reviewed with the Test Engineer. Additional testing should be carried out if required.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Arrangements were being made to have the fixed wiring installation inspected and tested in the weeks following this estates inspection. A copy of the report for this inspection and test should be forwarded to RQIA. Reference should be made to requirement 3 in the attached Quality Improvement Plan.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 10</b> <b>Ref:</b> Regulations 14(2)(a) 14(2)(c)	Consideration should be given to the need for a hold open device linked to the fire alarm system for the door to the relative's rooms to prevent this door from being propped open. Personal Emergency Evacuation Plans (PEEPs) should be developed for the patients. Guidance should be sought from the Fire Safety Advisor for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The door to the relative's room was closed. Mrs. Hold confirmed that the care planning for each patient included an emergency egress plan.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Regulations 27(2)(a) 27(2)(e)	RQIA would encourage the Registered Persons to move forward with plans to increase the percentage of patients accommodated in single bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of new single bedrooms had been developed in the home since the previous estates inspection. Further progress in relation to this issue will also be made as the opportunities present.	
<b>Recommendation 1</b> <b>Ref:</b> Regulation 27(4)(d)(iv)	It is recommended that the reports for the six monthly inspections and tests to the emergency lighting should be in accordance with the standard contained in BS 5266.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The most recent inspection and test to the emergency lights was completed on 01 June 2015. A report in accordance with BS 5266 was presented for review during this estates inspection.	



### 4.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

No issues were identified for attention during this estates inspection.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

No issues were identified for attention during this estates inspection.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

No issues were identified for attention during this estates inspection.

#### Areas for Improvement

N/A

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 4.4 Standard 47: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Areas for Improvement

1. The temperatures noted during the monthly checks to the unblended hot water should be detailed in the record. Reference should be made to requirement 4 in the attached QIP.
2. It was noted during this estates inspection that a small area of the corridor floor outside the family room on the ground floor appeared to be slippery. Subsequent to this estates inspection RQIA received confirmation that this issue had been addressed.
3. The domestic store on the ground floor required attention to improve the surfaces. Subsequent to this estates inspection RQIA received confirmation that this issue would be addressed by 12 October 2015.
4. It was noted during this estates inspection that there was some storage located on the floor in store 72 on the first floor. Subsequent to this estates inspection RQIA received confirmation that additional shelving had been installed in this store to address this issue.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 4.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

No issues were identified for attention during this estates inspection.

## Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

No issues were identified for attention during this estates inspection.

### Areas for Improvement

1. There was a significant number of oxygen cylinders stored in the ground floor corridor adjacent to bedroom 3. Subsequent to this estates inspection RQIA received confirmation that this issue had been addressed.
2. The smoking room is fire protected with a solid door. This issue was discussed during this estates inspection with specific reference to the provision of a direct line of sight from the main corridor into the smoking room to facilitate ease of monitoring. It is good to report that subsequent to this estates inspection RQIA received confirmation that arrangements had been made to provide a viewing panel in the door to the smoking room.
3. It is recommended that covers should be fitted to the lights in the external lower ground floor store. Reference should be made to recommendation 1 in the attached QIP.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 4.6 Additional Areas Examined

No additional areas were examined during this estates inspection.

## 5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Maria Lucille Holt, Registered Manager and Mr J Cox, who is responsible for maintenance, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 25 December 2015</p>	<p>Completion of the pressure washing to the patio area should be confirmed to RQIA. In addition some minor remedial works should be carried out at the access covers to ensure that these are level with the surrounding surfaces.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Power Hosing and the minor works to the access covers in the patio area is ongoing and should be completed by 11/12/2015</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 25 December 2015</p>	<p>The issues identified for attention in the report for the most recent thorough examination of the passenger lift that was completed on 04 August 2015 should be resolved through discussions with the maintenance engineers and the engineers who completed the thorough examination.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A pit prop had been fitted 12<sup>th</sup> October 2015. copy of work record attached.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 25 December 2015</p>	<p>A copy of the report for the inspection and test to the fixed wiring installation should be forwarded to RQIA.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The 5 year electrical inspection is currently ongoing and certificates will be forwarded to RQIA on completion.</p>

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The temperatures noted during the monthly checks to the unblended hot water should be detailed in the record.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The temperatures of the unblended hot water are recorded in the monthly check list.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>It is recommended that covers should be fitted to the lights in the external lower ground floor store.</p>
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The lights in the external lower ground floor store were fitted with covers during week beginning 02/11/2015.</p>

<b>Registered Manager Completing QIP</b>	Lucy Holt	<b>Date Completed</b>	16/11/2015
<b>Registered Person Approving QIP</b>	Peggy O'Neill	<b>Date Approved</b>	16/11/2015
<b>RQIA Inspector Assessing Response</b>	K. Monaghan	<b>Date Approved</b>	*18/11/15

\* Clarification or follow up required on some items.

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**