



Unannounced Inspection Report

3 December 2019



Avila

Type of Service: Nursing Home
Address: 32 Convent Hill, Bessbrook, Newry, BT35 7AW
Tel No: 028 30838969
Inspector: Paul Nixon

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 registered nursing home which provides care for up to 49 patients with a variety of care needs, as detailed in section 3.0.

3.0 Service details

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Mr Cathal O'Neill</p>	<p>Registered Manager and date registered: Mrs Maria Lucille Holt 17 July 2013</p>
<p>Person in charge at the time of inspection: Ms Denise Rice (Registered Nurse)</p> <p>Mr Cathal O'Neill, Responsible Individual, arrived at approximately 11.25 hours</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. 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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>

4.0 Inspection summary

An unannounced inspection took place on 3 December 2019 from 09.50 hours to 13.15 hours.

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

Evidence of good practice was found in relation to the management of medicines, the environment and the dining experience.

No areas requiring improvement were identified during this inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 Mr Cathal 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

During the inspection we met with four patients, the responsible individual and nine members of staff.

Questionnaires and 'Have We Missed You?' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined, which included 12 patients' personal medication and medicine administration records.

The findings of the inspection were provided to Mr Cathal O'Neill, Responsible Individual, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care and medicines management inspections dated 23 May 2019 and 7 August 2017

Areas for improvement from the most recent care inspection dated 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: We observed that the fire exits and fire extinguishers were clear and free from obstruction.	
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 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 responsible individual confirmed that the identified specialist chairs had been repaired or replaced. Observation of a selection of specialist chairs evidenced that this improvement has been met.	
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 responsible individual confirmed that the identified damaged equipment had been repaired or replaced. No damaged equipment was identified 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: The repositioning records for two patients were reviewed. In each instance the frequency of repositioning recorded correlated with that specified in the care plan.	
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: A new pictorial menu board had been provided in the dining room to show patients what was on offer that day.	

There were no areas for improvements made as a result of the last medicines management inspection on 7 August 2017.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.50 hours and were greeted by the staff who were helpful and attentive. Patients were mainly seated in the lounge or dining room whilst others remained in bed, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to patients needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by patients.

A sample of 12 personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
--	---	---

6.4 Is care effective?

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

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience in both the general unit and dementia unit. Lunch commenced at 12.00 hours in the dementia unit and at 12:30 in the general unit. Patients dined at the main dining areas or at their preferred dining area such as their bedroom. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded a choice of meal. In the dementia unit, food was served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. In the general unit, food was served directly from the kitchen hatch to the patients in the dining room. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted spoke positively of the food provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the admission process, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

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.

Consultation with four patients confirmed that living in the home was a positive experience. Comments included:

- "I am cared for very well."
- "I am looked after very well; couldn't ask for any better."
- "It's lovely here."
- "Staff couldn't do enough for me."
- "You couldn't get better staff."
- "The food is good."

Of the questionnaires that were issued, three were returned from patients or their representatives. The responses indicated that they were very satisfied or satisfied with all aspects of the care. One respondent stated: "Avila is well run and excellent. My family are very satisfied."

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/others.

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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that, if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home. Comments included:

- “I love it here.”
- “It’s nice and homely; there’s a lovely wee team.”
- “I enjoy it here; there is a good, stable team.”
- “I love my job; there is a brilliant staff team; care assistants are amazing and the nurses are always very helpful.”
- “There is a good team, everyone does their bit.”
- “Management are very supportive.”
- “Management are 100 per cent, very supportive and accommodating.”
- “There are plenty of training opportunities.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the Responsible Individual advised that all staff had received Level 2 training. Several nurses had been trained at Level 3 and several further nurses were booked to attend this training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care