The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Avila

Provider: Kilmorey Care Ltd

Date of Inspection: 1 May 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Kilmorey Care Ltd
Responsible Individual/Responsible Person(s):	Mr Cathal O'Neill
Registered Manager:	Mrs Angelene Mommen

Service Profile –
This home is a registered Nursing Home which provides general nursing care for up to 49 persons. It also provides care for patients living with a physical disability or mental illness. 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 on the ground floor.

2.0 Inspection summary

An unannounced inspection took place on 1 May 2025, from 10:00 am to 4:40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "staff treat me very well" and "you couldn't get better; things are going well". Questionnaires returned from patients indicated they were happy with the care, with comments such as "I love being here, getting all the help and support I need".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "My …. receives amazing support in Avila, the nurses and care workers are also so good at their jobs and evidently love it" and "The care provided for my …….is excellent. Staff are professional, kind and caring and always attentive to …. needs."

Following the inspection, no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were generally satisfied with the staffing levels. A small number of staff told us that they felt that the staffing levels in the afternoon were not adequate. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The daily menu displayed did not reflect the meal choices for that day. Staff confirmed that meal options were always available if the patients did not like the meal served, however, the main menu did not include a second option for the evening meal. This was identified as an area for improvement.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Review of records confirmed that variations to the menu were not recorded. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included flower arranging, baking, puzzles and music.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in one patient's care record, care plans had not been developed in a timely manner; this was identified as an area for Improvement.

Patients care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Some patients were availing of one to one support from staff. Review of one patients' records evidenced there were no specific care plans in place to direct the staff. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment identified concerns that had the potential to impact on patient safety. Food was observed unsecured and accessible to patients in the dementia unit dining room. Food and fluids were also accessible in a number of patient bedrooms in the dementia unit. This area for improvement was stated for a second time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Angelene Mommen has been the manager in this home since 01 December 2022.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that not all notifiable accidents and incidents were reported to RQIA. This was discussed at feedback and this area for improvement was stated for a second time.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	4

* the total number of areas for improvement includes two regulations that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Angelene Mommen, 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:** Second time **To be completed by:** 1 May 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: A post inspection meeting was held with all staff and it was reiterated that there is to be no food items in the drawer in the dining unit. The rest of the cupboards are kept locked. The same is monitored by the nurse in charge with each shift. An email has been sent out to the families of the residents in the dementia unit to be mindful of the other residents and the nature of the unit when bringing snacks in for their loved ones. It has been requested that the snacks be given to the staff on duty and this is being kept in the nurses station for when the residents need them. We have ordered small storage boxes to have each residents naame on for further storage of these snacks.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** 1 May 2025	The registered person shall ensure that all notifiable accidents and incidents are reported to RQIA in a timely manner. Ref: 2.0 & 3.3.5
	Response by registered person detailing the actions taken This has been noted by both Nurse manager and Deputy manager and all relevant incidents and accidents will be timeously reported onto the portal.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 1 May 2025	The registered person shall ensure that a daily menu is displayed and offers patients a choice of meal at each mealtime. Ref: 3.3.2
	Response by registered person detailing the actions taken: A meeting has been held with the kitchen staff. An allocation list for the kitchen has been set out with the task of menu display being done in advance for the following day at the close of the shift the night before any variation can then be arranged for accordingly. The pictures for the display board have been updated to ensure all are available to display for both Dementia and Nursing units.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 1 May 2025	The registered person shall ensure that variations to the planned menu are recorded. Ref: 3.3.2
	Response by registered person detailing the actions taken: A Variation form has been initiated into the kitchen and placed into a File to monitor changes and allow management to identify any trends that may arise.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 1 May 2025	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: A meeting was held with nursing staff reiterating the timeous completion of Care plan audits. It was discusssed regarding having the completion of any changes and/or post admission care plans within the given time frame.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 May 2025	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care. Ref: 3.3.3
	Response by registered person detailing the actions taken: This was promptly rectified and will be followed for any further one to one residents with thte construction of their individualised care plans.

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

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