

# Inspection Report

23 May 2024



## Avila

Type of service: Nursing Home  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Kilmorey Care Ltd</p> <p><b>Responsible Individual:</b> Cathal O'Neill</p>	<p><b>Registered Manager:</b> Ms Angelene Mommen</p> <p><b>Date registered:</b> 01 December 2022</p>
<p><b>Person in charge at the time of inspection:</b> Ms Angelene Mommen</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 49 persons. Patient accommodation is located on the ground and first floor of the home.</p> <p>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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 23 May 2024 from 9:55am to 4:50pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

#### 4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; “staff treat me well, my room is lovely and clean” and “the staff are lovely, things are great”. Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff and the atmosphere in the home.

A small number of patients said that at times they felt that there was a delay in their call bells being answered, details were discussed with the manager to review and address as necessary. Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

One response was received from the patient/relatives questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.

No responses were received from staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team. This is good practice.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 3 October 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	The registered person shall ensure that induction records are maintained for agency staff who work in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time	The registered persons shall ensure that care plans are updated to reflect changes to the wound dressings prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that a system is in place to ensure that shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited properly to protect patients.

Checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). However, records reviewed evidenced the current system in place for monitoring the staff's registrations was not robust and lacked detail. This was discussed with the manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

## 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a “handover” at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other health professionals. Patients care records were held confidentially.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

A review of a sample of wound care records evidenced that relevant documentation was in place and wound care was provided.

Care plans reflected the patients’ needs regarding the use of pressure relieving mattresses.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The majority of patients had their breakfast in their bedrooms. A review of care plans in relation to patient preference on where they have their meals lacked detail and had conflicting information. This was discussed at feedback and was identified as an area for improvement.

Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided however a small number said that the meals on offer could be repetitive. This was discussed with the manager and assurances were given that the menu had just recently been reviewed and this was being addressed. This will be reviewed at the next inspection.

In the dementia unit, it was observed that the list for patients on a modified diet under the care of the Speech and Language Therapist (SLT) was not reflective of the most up to date recommendations. This was discussed with the Manager and an area for improvement was identified.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Observation of the environment in the dementia unit, identified concerns regarding the maintenance of patient safety. For example, in the dining area, there was an unlocked cabinet with food items and an unlocked fridge with food and fluids was also accessible. This was identified as an area for improvement.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 11 March 2024 with evidence that the actions had been addressed by the manager.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

### 5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

### 5.2.5 Management and Governance Arrangements

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

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was very supportive and they would have no hesitation in reporting any concerns and felt that these would be dealt with appropriately.

Records confirmed that staff meetings were held regularly.

There was evidence of auditing and monitoring across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

A record of complaints received was in place as required.

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 an area for improvement was identified.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Angelene Mommen, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 May 2024	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Nursing, Midwifery Council and the Northern Ireland Social Care Council at all times.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> The register in the file was updated and is being kept current.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 May 2024</p>	<p>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.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 May 2024</p>	<p>The registered person shall ensure that all notifiable accidents and incidents are reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> In the Derrymore unit the cupboard had the juices and cereals in was not lockable. These items have been removed and stored safely elsewhere. A new sideboard has been bought with locks for safety, awaiting delivery. The small fridge in the unit has been fitted with a locking system for safety.</p> <p><b>Response by registered person detailing the actions taken:</b> This has been noted and the same checked and updated with both Manager and Deputy manager for each day.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2024</p>	<p>The registered person shall ensure that care delivery to patients reflects their individual needs and choices; this is in relation to patients' preferences as where they have their meals and is recorded in their care plans.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The care plans have all been updated with a person centered care plan indicating the choice and the ability to have choices met.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2024</p>	<p>The registered person shall ensure that the list for patients on a modified diet under the care of the Speech and Language Therapist (SLT) is reflective of the most up to date recommendations.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This list was updated on the day of inspection and since an updated copy of the SALT recommendation is available for all staff reference in both units.</p>

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



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