The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Avila**

Provider: **Kilmorey Care Ltd**

Date of Inspection: **24 January 2026**

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 Person:	Mr Cathal O'Neil
Registered Manager:	Ms Angeleen 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 24 January 2026, from 09:45 am to 3:40 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 1 May 2025; 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 two areas for improvement were assessed as having been addressed by the provider. Four 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 patients', 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 "I am very happy here, this is the best place I've been in" and "I've no complaints, staff treat me well".

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.

One relative questionnaire response said that staff were caring but felt the home was short staffed. This information was shared with the manager for her follow-up if required.

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 satisfied with the staffing levels.

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. A review of repositioning records evidenced that some patients were not repositioned as prescribed in their care plans. An area for improvement was identified.

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 clear that staff had made an effort to ensure patients were comfortable and had a pleasant experience. Food was attractively presented and smelled appetising, and portions were generous.

The daily menu only had one option displayed and did not offer an alternative for that day. This area for improvement was stated for a second time.

Review of menu choice records for the lunchtime serving and observation of the meal served evidenced that the majority of patients were observed to be eating the same meal option. There was limited evidence of the record of the choice of meal for patients. The importance of maintaining a record of the menu choices afforded to patients to ensure they have a choice of meal was discussed with the manager and 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 baking, arts and crafts bingo 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 two patients' care records, some care plans had not been developed in a timely manner. This area for improvement has been stated for a second time.

Patients care records were held confidentially. 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 two patients' records evidenced the care plans in place to direct the staff lacked detail. This area for improvement was stated for a second time.

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, fluids and a thickening agent were accessible to patients in the dementia unit dining room. Toiletries were also accessible in a small number of bedrooms in the dementia unit. This area for improvement was stated for a third time.

On review of the home's environment, inappropriate storage of items was observed at both ends of the first floor corridor, assurances were given that this would be addressed. This will be reviewed at the next inspection.

It was noted that a sluice room on the first floor was unlocked and there was unsecured access to cleaning chemicals. An area for improvement was identified.

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 there was a system in place for reviewing the quality of care, other services and staff practices. 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.

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	1*	6*

* the total number of areas for improvement includes one regulation that has been stated for a third time and three standards 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

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:** Third time	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
To be completed by: 24 January 2026	**Response by registered person detailing the actions taken**: A post inspection meeting was held with all staff to re-iterate the importance of the locked cupboard and the safety risk associated with same in the Demetia unit. A supervision was conducted with the staff on the day of inspection. A supervision was held was all staff to ensure compliance. A check list was put into place, which is a check to ensure the cupboards are locked, there are no items left on the counters or sideboards and fridge, that can cause harm. - There is a check with regards to all the bedrooms with a locked cabinet and no shampoo, lotions or personal toiletry items are left on the shelves. - These checks take place between day and night staff at the change of shift, checked by the nurse in the unit frequently during the day and a check is done by the manager, and/ or deputy manager during the day. - This is to ensure compliance. - The Managing Director is doing spot checks as well. - The family members and NOK in the Dmenetia unit have been spoken to regarding bring in the items and requested to leave it with the staff so it can be utilised and stored safely.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time	The registered person shall ensure that a daily menu is displayed and offers patients a choice of meal at each mealtime. Ref: 2.0 & 3.3.2
To be completed by: 24 January 2026	**Response by registered person detailing the actions taken:** The menu boards are currently being replaced with magnetic boards that can hold a full compliment of options and choices for both the Dementia unit and the Nursing unit, however in the interim the pictures have been replaced and laminated to display the full menu on the current menu boards.

	The Kitchen staff have the responsibility of changing the menus the evening before shift ends. There is a menu choice printed out with the choices which is filled in by the care staff at the time that the Tea trolley is swerved at 2pm. This is for the choice for the following day. It gives the chef time to estimate quantaties and double check that the correct ingredients and stock is available. There is an opportunity to make unavaoidable variations, which are discussed and signed by management. The menus are checked by the Manager/Deputy Manager each morning with the daily round to ensure they correlate with the menus displayed on the table and the menu the chef is working off. Managing Director is doing spot checks of the same. Meeting was held post inspection to highlight the importance of following the menu and the impact of this on the care experience for the residents.
Area for improvement 2 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 31 January 2026	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: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: A checklist has been formulated to ensure the timeous completion of the care plans for the residents post admission. This checklist highlights the different care plans necessary and the timeframe they require to be completed in. This is signed by the Nurses that are completing the different care plans and then handed over at the change of shift to mainain continuity of care. This ensures that the care plans are all in place and ensure the new resident has all needs met in a safe and holistic manner. The Manager/deputy manager then completes a post asdmission audit at day 5 to ensure the care plans are all met and corrections can be completed.
Area for improvement 3 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 31 January 2026	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The 1:1 care plans were audited by the management and corrections given to the nurses to complete. Post inspection meeting was held with the nursing staff and highlighted the importance of a robust 1:1 supervision care plan. This Care plan requires a start date of comencement and include any specific requirement made by the care manager.. It needs to stipulate that the carer giving the 1:1 supervision is to have the resident in their visual line at all times.

	Post inspection meeting held and the requirements stipulated.
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: The respositioning records are being monitored by the manager and deputy manager at the beginning of every shift. There had been an instruction given to redirect more intent focus on the checking of the repositioning of the residents and the timeous completion of the same. A post inspection meeting with the care staff to ensure their understanding of the repositioning section on the goldcrest system and the importance of carrying out the respositioning and its documentation. A supervision has been held with the staff.
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure that there are records in place to evidence that a varied diet is provided and that patients are availing of choice. Ref: 3.3.2
	Response by registered person detailing the actions taken: A printed out menu that has each residents dietary requirement and preferences is printed off Goldcrest a day in advance with the menu option on it. The care assistant serving the 2pm tea trolly gets the options ticked off for the follwing days meals. The same is taken to the kitchen and thereby the chef is able to prepare the correct amount for the resients. This is checked each morning by the manager/deputy manager on duty. The managing director is conducting spot checks to ensure the same.

Area for improvement 6 **Ref:** Standard 47 **Stated:** First time **To be completed by:** 24 January 2026	The registered person shall ensure that sluice rooms are not accessible to patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: The doors to all the sluice room have got a key pad on them and are ensured they remain locked. The nursing staff and senior carers on each shift check these at the start of each shift. The manager /deputy manager are conductng checks at the time of morning rounds and then again during the day. Tha managing director is conducting spot checks. Supervisions have been held with the staff

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