The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Movilla House**

Provider: **Movilla House Ltd**

Date of Inspection: **26 February 2026**

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

1.0 Service information

Registered Provider:	Movilla House Ltd
Responsible Person:	Mr Richard Porter
Registered Manager:	Mrs Michaela Campbell
Service Profile – This home is a registered nursing home which provides nursing care for up to 50 patients who require general nursing care under and over 65 years of age. The home is over two floors and there is a communal dining room on the ground floor and a number of communal lounges across both floors.	

2.0 Inspection summary

An unannounced inspection took place on 26 February 2026, from 9.30 am to 7.00 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 21 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the environment and care delivery, including; recruitment, care records and General Data Protection Regulation (GDPR).

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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff.

Patient comments included "they (the staff) are very good and the food is lovely", "everything is grand, there is plenty to do", "I dunno what I would do without these girls (the staff)" and "I am very happy here".

One relative told us "The staff are brilliant". A number of other relatives spoken with shared less positive views about the home and felt the manager had not responded to a number of issues brought to her attention. It was agreed with these relatives that the best way forward was to request the management team to facilitate a relatives meeting. The relatives concerns were shared with the manager and the manager agreed to organise a relative's meeting. The minutes of the meeting are to be shared with RQIA.

Staff spoken with said that Movilla House was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team were approachable and they thoroughly enjoyed working in the home and caring for the patients. A small number of staff shared that sometimes the handover reports do not provide them with accurate information, these comments were shared with the manager to address.

We received four responses from the online survey. Three from staff; the staff told us “Friendly safe supportive environment to work in, I feel valued”, “The manager has an open door approach” and “We support each other to ensure our patients receive the best care and that they feel safe and comfortable”. One staff member described the positive changes over the last year with the refurbishment of the home, the staff commented that this was a stressful time but the management team supported both the staff team and patients through the process. One relative or visitor was of the opinion that the refurbishment was very disruptive for staff and patients. All these comments were shared with the manager.

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. Review of a sample of staff recruitment files evidenced a number of discrepancies, there was insufficient evidence within the files that all the documentation in regard to the pre-employment checks were included. This was discussed with the manager an area for improvement was identified. Following the inspection the manager provided email assurances regarding the identified discrepancies.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that patients’ needs were met by the number and skills of the staff on duty.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Some patients and their visitors described long waits for call bells to be answered. This was discussed with the manager and a review of the manager’s audits did identify a number of long waits; in particular around meal times. However, there was no evidence of any managerial actions implemented to address these waits. An area for improvement was stated for a second time. Following the inspection RQIA were advised of the action taken by the manager to address the issues.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

Medication was observed on the bedside tables of two patients. This was discussed with the manager for her appropriate action. This information was shared with the aligned pharmacy inspector and an area for improvement was identified.

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. Patient care plans were reflective of pressure relieving equipment in use and patients were assisted by staff to change their position. However, there was evidence that patients were not always repositioned as prescribed in their care plans. An area for improvement was stated for a third time.

Discussion with the manager provided assurance how the risk of falling and falls were managed within the home. The manager confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

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. An effective system was in place to identify which meal was for each individual patient. Meals were appropriately covered on transfer to patients' preferred dining area. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients commented positively about the food provided within the home with comments such as: "The food is very good" and "If you don't like something the staff will always make you something you do like".

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The programme of social events was displayed on noticeboards advising of future events. The range of activities included social, community, cultural, religious, spiritual and creative events.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 healthcare professionals.

A number of deficits were identified in regards to patient confidentiality, computer systems were observed unlocked and accessible, patient care files and lists of patients' needs were observed in patient's bedrooms and communal areas. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. It was evident that the home had been recently redecorated, there was evidence of repainting and new furniture in communal areas and patient bedrooms. Unfortunately, some wear and tear was evident to this new paint. This was discussed with the manager who was aware of the deficits identified.

Moving and handling equipment was observed to be stored in a corridor. This was discussed with staff and was immediately cleared. An area for improvement was stated for a second time.

A number of concerns were identified in regard to the management of risks to patients. Denture cleaning tablets were observed unsecured in patients bathrooms and food and fluid thickening powder was also observed in unlocked drawers in patient bedrooms. Both these items are potential risks to patients if accidentally ingested. 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 Michaela Campbell has been the registered manager in this home since 13 April 2023.

Staff commented positively about the manager and described her as supportive and approachable.

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/or the quality of services provided by the home.

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	5*	7*

*The total number of areas for improvement includes one area which is stated for a third time and a further two areas that have been stated for a second time. Five areas for improvement are carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michaela Campbell, 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:** Regulation13 (4) **Stated:** First time **To be completed by:** With immediate effect (6 April 2023)	The registered person shall ensure that safe systems are in place for the management of medication changes. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 27 (4) **Stated:** Second time **To be completed by:** 26 February 2026	The registered person will ensure adequate precaution against the risk of fire; ensuring corridors which are means of escape, are free from clutter such as hoists. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: **Care staff have been reminded to put hoist away after use and Senior Nurses are completing regular checks to ensure compliance.**

Area for improvement 3 **Ref:** Regulation 21 (4) (b) **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure that staff recruitment files contain all the required documentation as outlined in Schedule 2 of The Nursing Home Regulations 2005. Ref: 3.3.1
	Response by registered person detailing the actions taken: All required documentation was in email. Admin staff have now been informed to print and place in staff recruitment files.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by** 26 February 2026	The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: All Nurses have been spoken to and reminded of the importance of staying with the resident until medication taken fully.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 26 February 2026	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. The storage of denture cleaning tablets and thickening agents should be risk assessed and any actions required to ensure safe storage should be implemented. Ref: 3.3.4
	Response by registered person detailing the actions taken: Risk assessments in place, all residents and their relatives prefer these items remain in the bedrooms. Should any resident be assessed as at risk of ingestion, these items will be locked away.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** With immediate effect (6 April 2023)	The registered person shall ensure that personal medication records are accurate, up to date, and cancelled and archived in a timely manner. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** With immediate effect (6 April 2023)	The registered person shall ensure that care plans for the management of diabetes contain sufficient detail to direct the required care. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** With immediate effect (6 April 2023)	The registered person shall implement a robust audit tool which covers all aspects of medicines management. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 28 November 2024	The registered person shall ensure that care records relating to wound care are detailed and reflective of the recommended type and frequency of dressing that an up to date record of wound care is maintained. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 **Ref:** Standard 4 **Stated:** Third time **To be completed by:** 26 February 2026	The registered person shall ensure that care records relating to the prevention of pressure damage and repositioning are reflective of pressure relieving equipment in use and that an up to date record of repositioning is maintained. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Care staff have been reminded of the importance of documenting all repositioning. Nurses and Senior care staff check daily before the end of the shift to ensure all repositioning has been entered.
Area for improvement 6 **Ref:** Standard 41 **Stated:** Second time	The registered person shall monitor the call bell response time and implement an effective action plan where deficits are identified Ref: 2.0 and 3.3.5

To be completed by: 5 March 2026	**Response by registered person detailing the actions taken**: Manager had actioned her action plan from audit however from now on she will record actions taken. The Manager has implemented a more robust system with noted improvement.
Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure that General Data Protection Regulation (GDPR) principles and best practice guidance are adhered to. This is stated in regard to the security of computer systems and that any record which details patient information is managed confidential and respects the patients' right to privacy and dignity. Ref: 3.3.3
	Response by registered person detailing the actions taken: Due to a new system there was a lack of knowledge around closing the computer screen, this has now been rectified, all staff are now aware of how to safeguard the information on the computers.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews