

Inspection Report

Name of Service:	Avila
Provider:	Kilmorey Care Ltd
Date of Inspection:	2 July 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:	Kilmorey Care Ltd
Responsible Individual:	Mr Cathal O'Neil
Registered Manager:	Ms 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 ill health. 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 2 July 2026 from 9.30 am to 6.50 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "It is good here. The food and the staff are 100 percent", "I think it is great. The staff treat me very well. It is home from home", "I am happy here. It is very good and the staff are sound" and "I am happy here. The staff are class one."

Relatives commented positively about the overall provision of care within the home. Comments from relatives included, "I feel very much involved with my loved ones care and they are treated with dignity and respect" and "It's the cleanest place in the country. The staff are very friendly."

Staff spoken with said that Avila was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I am very happy working here."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

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 systems in place to manage staffing.

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, adult safeguarding and fire safety. A review of training records evidenced that infection prevention and control training had not been delivered to staff within the last year. Assurances were provided by the manager that this would be addressed without delay. An area for improvement was identified.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

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

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Net pants were not labelled for individual patients, were laundered together and redistributed between patients. The sharing of net pants does not support patient dignity or their right to wear clothes which are exclusively for their use. This was discussed with the staff who arranged for them to be disposed. The manager agreed to highlight this issue with staff and review the current system in use in the laundry. An area for improvement was identified.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to ensure those patients who cannot use the system are appropriately supervised.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. Review of records relating to an identified patient evidenced that clinical and neurological observations were not completed in keeping with regional guidelines. An area for improvement was identified. The manager plans to monitor this area of practice through their post fall audit systems.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed in the nursing unit highlighted events such as quizzes, reminiscing, arts and crafts, music rosary and flower arranging. No activity planner was displayed in a suitable format in the dementia unit. This was discussed with the manager who agreed to arrange for this to be addressed.

Photos were displayed of patients enjoying activities and plans were in place for a violinist to visit the home in the coming months. Some patients and relatives spoken with advised that they would like to see more interactive activities with greater choice.

Activity records reviewed confirmed gaps in record keeping of up to three months. Other records reviewed were repetitive, not person centred and lacking in sufficient detail. There was no evidence that registered nursing staff had oversight of these records. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. An area for improvement was identified.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner.

Nursing staff recorded regular evaluations about the delivery of care. Feedback was shared with the manager about how these entries could be more person centred.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. There was evidence of ongoing maintenance works to the home and an extension to the existing building is underway. Measures were in place to limit any impact on patient's enjoyment of their home. The manager confirmed new external seating had been ordered for the dementia unit.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed there were no outstanding actions following the most recent fire risk assessment and that systems had been reviewed to evidence bi-annual fire training for all staff.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Some staff were not bare below the elbow. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Angelene Mommen has been the Registered Manager in this home since 1 December 2022.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	3

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 2 July 2026	The registered person shall ensure that registered nursing staff manage falls in keeping with best practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: A post inspection debrief was held with staff and highlighted the necessity of recording CNS observations over the 24hrs according to best practice. Staff have been directed to wake up residents during the night to ensure CNS observations are taken and recorded. Subsequent supervision has been held with the nursing staff
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 2 July 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: A Dani centre has been put in place in the laundry department. Additional hand sanitizers have been placed beside the dani centres. Continued hand hygiene audit and inspections done with staff to maintain the correct practice with regards to bare below elbow principle and the moments for hand hygiene.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39.4 Stated: First time To be completed by: 2 July 2026	The registered person shall ensure staff complete training in relation to infection prevention and control. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have had IPC training completed post inspection. Training will be completed for new staff and yearly updates will be ongoing.
Area for improvement 2 Ref: Standard 6.11 Stated: First time To be completed by: 2 July 2026	The registered person shall ensure that net pants are provided for individual patient use and that any unlabelled items of clothing are identified and disposed of to eliminate the potential for communal use. Ref: 3.3.2
	Response by registered person detailing the actions taken: For residents who require the use of net pants they have had their name applied to individual net pants and also net bags have been purchased for each resident with name attached. One bag is kept in their room and another in the laundry for continuous availability. Staff have been guided accordingly.
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 2 July 2026	The registered person shall review the provision of activities to ensure that meaningful engagement is an integral part of everyday life in the home; that there is flexibility for patients' choice and that a comprehensive and person centred record of the activities delivered is retained. Records should evidence oversight by registered nursing staff. Ref: 3.3.2
	Response by registered person detailing the actions taken: Additional activities coordinator has been employed within the home. Resident preferences have been incorporated for a more personal activity planner. A picture descriptive activity planner has been formulated for the dementia unit and will continue to be updated on a regular basis

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