



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 March 2020



Hillcrest Care Facility

Type of Service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel no: 028 8225 1222
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which provides care for up to 17 residents within the category of care listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Florence Beckett	Registered Manager and date registered: Julie Ann Elizabeth Taylor 20 March 2018
Person in charge at the time of inspection: Ebeith Farrell, Unit Manager	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 9 March 2020 09:50 hours to 14:55 hours.

The following areas were examined during the inspection:

- the environment
- dining experience
- incident management
- care records
- consultation with residents, relatives, staff and visiting professionals

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

No areas for improvement were identified during this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ebeith Farrell, Unit Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 15 October 2019

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 15 October 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with three residents, four staff and five relatives. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- incident and accident records from 15 October 2019 to 9 March 2020
- the care records of three residents
- resident care charts including food and fluid intake charts
- complaints record from 15 October 2019 to 9 March 2020
- two reports of visits by the individual nominated by the registered provider to undertake Regulation 29 unannounced quality monitoring visits; these reports were dated 10 January and 20 February 2020.

The area for improvements identified at the last care inspection was reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure notifiable events are reported to RQIA as appropriate.	Met
	Action taken as confirmed during the inspection: Review of the accidents recorded in the accident book since the previous inspection evidenced that all accidents that met the threshold for notification were notified to RQIA.	

6.2 Inspection findings

6.2.1 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy. We observed that all store rooms requiring restricted access were locked with either a key or keypad.

6.2.2 Dining experience

Residents had been weighed on admission and monthly thereafter. Residents and staff confirmed that they had 24 hour access to food and drink. Residents commented positively on the food provided in the home.

We reviewed the lunchtime meal experience in the home from 12.30 hours to 13.00 hours. Residents dined in the main dining room and in the kitchen or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with the resident's menu selection. The food was only served when residents were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised. Fluid intake records, where applicable were maintained well.

6.2.3 Incident management

Review of the home's internal accident book confirmed that incidents were well managed, with appropriate action taken to ensure the safety of residents. The majority of the accidents recorded in the book were unwitnessed falls. Review of residents' records and discussion with staff evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. As discussed, all accidents that met the threshold for notification to RQIA were notified to RQIA in accordance with relevant legislation and RQIA guidance.

6.2.4 Care records

A review of two residents' care records evidenced that appropriate individualised risk assessments were completed on each resident at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

6.2.5 Deprivation of Liberty Safeguards (DoLS)

As discussed, Hillcrest Care Facility provides care with residents living with dementia. Access to the home is restricted. The main entrance has a keypad lock, emergency exits are alarmed. A discussion took place in regards to DoLS, the unit manager confirmed that all residents admitted to Hillcrest Care Facility have a Trust care manager who ensures all relevant paperwork is provided on admission.

6.2.6 Consultation with residents, relatives, staff and visiting professionals

During the inspection we consulted with three residents, four staff and five relatives. Residents appeared to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

The relatives consulted with spoke positively in relation to the care provision in the home. They indicated that staff were caring and compassionate, that staff knew the residents really well and that they had no concerns or worries in relation to the standard of care being delivered. All relatives confirmed they felt they could voice a concern to staff or management.

Of the 10 questionnaires left in the home, one was returned; the returned questionnaire indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

No completed staff questionnaires were submitted to RQIA following the inspection.

Areas of good practice

There was positive feedback from consultation and good practice was identified in relation to dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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