

Inspection Report

14 August 2024



Hillcrest Care Facility

Type of service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Telephone number: 028 8225 1222

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Assurance, Challenge and Improvement in Health and Social Care

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: Dunluce Healthcare Omagh Ltd	Registered Manager: Mrs Ebeith Farrell
Responsible Individual: Mr Ryan Smith	Date registered: 16 August 2024
Person in charge at the time of inspection: Ms Catriona Houston, Deputy Manager	Number of registered places: 17
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. All residents are accommodated in single bedrooms with ensuite bathrooms. Residents also have access to communal spaces and dining areas, as well as secure outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 14 August 2024 from 10.15am to 5pm, 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 found to be warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents, in particular when residents were experiencing some distress.

One new area of improvement was identified during this inspection and one area for improvement was carried forward for review to the next inspection.

In addressing these areas for improvement RQIA will be assured that the delivery of care and service provided in Hillcrest Care facility was safe, effective, compassionate and that the home was well led.

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 returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents stated that they were "happy" and that the staff were "good to them and "I feel much safer in here, I have company and I am well looked after." Residents described the staff as being helpful. Residents praised the food provision in the home. Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Hillcrest Care Facility and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Positive

comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

Six questionnaires were returned to RQIA following the inspection. All of the responses indicated that the care provision was of a good standard and that the residents were safe in the home.

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 17 May 2024		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that all relevant pre-employment checks are obtained prior to staff commencing employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard E8 Stated: First time	The registered person shall ensure that an emergency pull cord is replaced beside the two identified communal toilets to alert staff when assistance is required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 33 Stated: First time	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for new residents.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

Any person who has responsibility of being in charge of the home in the absence of the Manager had a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Arrangements were in place to ensure that staff appraisals and supervision were completed.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents 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.

Observations confirmed that staff complied with speech and language therapy (SALT) recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified.

Care records were held confidentially. Care records were organised, person centred and reflected the needs of the residents.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals.

However, it was noted that care plans in relation to residents who required a deprivation of liberty were not detailed. This was identified as an area for improvement.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were personalised and contained items which were important to them. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. Corridors and fire safety exits were free from obstruction.

The home's most recent fire safety risk assessment dated 25 September 2023. There were no recommendations made as a result of this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents 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. The genre of music and television channels played were in keeping with residents' age group and tastes.

Residents commented that they were very happy with the activity provision in the home and one resident stated that the "days fly in."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection; Mrs Ebeith Farrell is the registered manager of this home.

Staff 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 residents, care practices or the environment. Staff said that the manager was approachable and accessible.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was evidence that complaints were managed correctly and that good records were maintained.

There was a wide range of audits and quality assurance in place. These audits included; resident weights, falls, hand hygiene, care records and IPC.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ebeith Farrell, 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 33 Stated: First time To be completed by: Immediate and ongoing (17 May 2024)	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for new residents. 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. Ref: 5.1
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 31 August 2024	The registered person shall ensure that care plans are in place in relation to those residents who require a deprivation of their liberty. Ref: 5.2.2 Response by registered person detailing the actions taken: The Registered Manager has reviewed and put care plans in place for those Resident's who require a deprivation of their liberty.

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



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