

Inspection Report

25 July 2023



Hillcrest Care Facility

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

www.rqia.org.uk

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 Bangor Ltd	Registered Manager: Mr Caine McGoldrick
Responsible Individual Mr Ryan Smith	Date registered: 13 July 2022
Person in charge at the time of inspection: Miss Catriona Houston, senior care assistant	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: <p>This home is a registered Residential Care Home which provides health and social care for up to 17 residents with dementia. The home is on the ground floor of a three storey building and all bedrooms are single occupancy with an en-suite. Residents have access to a communal lounge, a dining room and a garden.</p> <p>This home shares the same building as Hillcrest Nursing Home on the first and second floor and the same manager is responsible for both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 July 2023, from 9.50am to 4.05pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents told us that they felt well looked after and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff members who were helpful and friendly. Residents' comments included: "First class care", "They (staff) couldn't do enough for you", "I have everything I need here", "I feel safe" and "I am very happy here".

Six questionnaires were received, three from relatives and three which did not indicate whether they were from a resident or a relative. The respondents were either satisfied or very satisfied with the overall provision of care. Comments received included: "Staff are very attentive and helpful", "(Resident) is happy here" and "We feel very satisfied with the care throughout". One relative said they were concerned when the home is short of staff as there may not be enough staff to attend to their relative. This was shared with the unit manager to review and action as necessary.

Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Good staff morale", "I love working here" and "We all get on well". There was no feedback from the staff online survey.

Comments received during and after the inspection were shared with the management team to review and action as necessary.

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 29 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person should review and revise the management of thickening agents as detailed in the report.	Carried forward to the next inspection
	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) (b) Stated: First time	The registered person shall ensure that fire doors are clear from obstruction and not propped open.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	Not met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.3.	

Area for improvement 4 Ref: Regulation 29 Stated: First time	The registered person shall ensure that in accordance to Regulation 29 an unannounced visit is completed on a monthly basis and that the report of these visits is maintained within the home. Where an action plan is required the timeframe and person responsible for addressing the action should be clearly recorded.	Partially met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the person in charge evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.5.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.	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

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

A record of staff appraisal and supervision was available; however, the inspector was unable to establish if a system was in place to ensure that all staff received a minimum of two supervisions and one appraisal yearly. Following the inspection, management provided written confirmation that a matrix system was in place with the staff names and the dates that the meetings were held. This is discussed further in section 5.2.5.

There was no available evidence to verify if a system was in place for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) and reviewed regularly. Following the inspection, the management team confirmed in writing that a system

was in place to ensure staff are registered with NISCC. This is discussed further in section 5.2.5.

Review of a sample of staff recruitment and induction records evidenced that not all relevant pre-employment information had been obtained prior to staff commencing work in the home. One employee did not have a health questionnaire completed prior to commencing work and the NISCC registration status for one employee had not been checked prior to commencing employment. An area for improvement was identified.

A discussion was also held with management regarding the system for receiving references to ensure that relevant evidence is available within files to confirm the source of the reference. Following the inspection written confirmation was received from management that relevant action had been taken to address this.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the residents. Staff were attentive towards residents and displayed a kind and caring nature.

Review of a sample of staff competency and capability assessments for the person in charge in the absence of the manager found these to be completed.

Residents said that they felt safe in the home and that staff were very kind and caring.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Staff described how they were made aware of residents' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, there were a number of discrepancies identified in one resident's care records. Details were discussed with management and following the inspection both written and verbal confirmation was received that that relevant action had been taken to address these issues. Therefore, an area for improvement was not required on this occasion.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of discrepancies were identified and discussed in detail with management. Following the inspection, management provided both written and verbal confirmation that relevant action had been taken to address these deficits.

There was evidence that an inventory of residents' property was being completed and signed by two staff, however, this was being completed on a yearly basis and not quarterly as required. This was discussed with management and following the inspection written confirmation was received that relevant action had been taken to address this.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. A number of walls/ceilings throughout the home required painting. The Responsible Individual discussed the delay with the refurbishments works and confirmed that these works are due to commence in September 2023. Following the inspection, the redecoration plan with scheduled dates was forwarded to RQIA for review. As mentioned above in section 5.1 this area for improvement has been carried forward for review at a future inspection.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire risk assessment completed on 14 September 2022 evidenced that no additional controls were required.

A number of maintenance issues were identified during the inspection that required repair. This was discussed with the management team to address. Following the inspection written confirmation was received from management that all relevant repair works had been completed.

There was access to food and handbags belonging to staff within the visitor's room. Washing up detergent and food were also accessible to residents within a kitchenette. The potential risks were discussed with management who agreed to have these areas reviewed and an area for improvement has been stated for a second time.

Observation of windows within the home identified that they were opening wider than recommended and were not fitted with the appropriate type of restrictor. This was discussed with management who agreed to review as a matter of urgency. Following the inspection, written confirmation was received that relevant action had been taken to address this.

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.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The person in charge also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounge.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished. Whilst a schedule of activities was displayed on a wall at reception, the layout required some improvements. This was discussed with management who agreed to have this reviewed.

During the inspection a number of residents were having their hair styled by the hair dresser. Residents were also observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

Residents commented positively about the food provided within the home with comments such as: "The food is very good here", "First class food" and "You can have any food you want."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

As mentioned above in section 5.2.1, a number of documents were not available during the inspection to verify if effective systems were in place to monitor the overall governance of the home; quality of care and services provided to residents. Details were discussed with management and an area for improvement was identified.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. The audits completed included an action plan, the person responsible for addressing the action, a time frame with a follow up to ensure that the necessary action had been taken.

The person in charge confirmed that the home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, the reports of the visits from May to July 2023 were not available within the home during the inspection. Details were discussed with the management team and an area for improvement has been stated for a second time.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

* The total number of areas for improvement includes two regulations that have been stated for a second time and one regulation and standard which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Catriona Houston, senior care assistant, Mrs Annette Martin, regional manager and Mr Ryan Smith, responsible individual, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (Dated 15 June 2021)	The registered person should review and revise the management of thickening agents as detailed in the report. Ref: 5.1 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.

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The unit have taken a proactive approach to this cognisant of the points raised. As a direct result the kitchen area of the unit is now accessible via a key pad entry lock only and this will be applied consistently. Staff actively promote a homely experience and the unit kitchen is integral to this approach to care delivery and the presence of the key pad lock will not inhibit staff or resident interactions within the kitchen area.</p> <p>The registered person shall ensure that in accordance to Regulation 29 an unannounced visit is completed on a monthly basis and that the report of these visits is maintained within the home. Where an action plan is required the timeframe and person responsible for addressing the action should be clearly recorded.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Dunluce Health Care have reviewed the existing strategies in place for all Regulation 29 Reports. All Regulation 29 Reports were completed but not available within the unit. These will now be available on the 5th of each month following the actual Regulation 29 visit. These will also be made more accessible and available on a Shared Folder for senior management so that these can be accessed when required.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2018</p>	<p>The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.</p> <p>Ref: 5.1 and 5.2.3</p> <p>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.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all relevant pre-employment checks are obtained prior to staff commencing employment.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken: Dunluce Health Care have already reviewed their current pre-employment checks internally and a completed audit check list is now available for all potential employees to ensure that this issue will not arise again.</p> <hr/> <p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.1 and 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The unit manager has now full access to the NISCC portal and is therefore fully enabled to conduct checks on all unit staff on a monthly basis. All NISCC checks will be maintained within the unit and made available for future inspections.</p>

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



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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care