

Inspection Report

29 October 2022



Hillcrest Care Facility

Type of service: Residential
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
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Assurance, Challenge and Improvement in Health and Social Care

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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: Mrs Ebeith Farrell, Unit 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 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. 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.	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2022 from 9:15am to 3:35pm 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Two areas for improvement have been carried forward to for review at the next inspection.

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.

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 and 'Tell Us' cards 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 "Great place", "(The) staff are very friendly", "I have everything I need", "This is a good home", "I feel very safe here" 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 very satisfied with the overall delivery of care. One comment received: "I am very well looked after".

Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Great induction", "Good staff morale", "I love working here" and "Really enjoy working here". One staff member said that whilst they felt supported by junior management they did not feel the same regarding senior management. This was discussed with the Responsible Individual who agreed to review and action where necessary. There was no feedback from the staff online survey.

Comments received during the inspection from residents and staff members were shared with the management team.

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 19 October 2021		
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 13 (4) Stated: First time	The registered person should ensure that medicines are stored at the correct temperature. Corrective action must be taken if the temperature of the treatment room exceeds 25°C.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with management evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action taken where necessary.	Met
	Action taken as confirmed during the inspection: Review of the environment and discussion with management evidenced that this area for improvement had been met.	

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.	
Area for Improvement 2 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure there is a robust auditing system in place to regularly monitor and review the standard of the care records ensuring best practice.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with management evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Standard 27 Stated: First time	The registered person shall ensure the identified environmental improvements are addressed: <ul style="list-style-type: none"> • The paintwork in the identified bedroom should be improved upon • The emergency nurse call pull string in the identified ensuite should be replaced • The identified shower chair should be improved upon or replaced. 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	

Area for Improvement 4 Ref: Standard 27.3 Stated: First time	The registered person shall ensure that furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
Area for Improvement 5 Ref: Standard 20.10 Stated: First time	The registered person shall ensure there is a robust system in place to ensure regular monitoring of accidents and incident in the home.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with management evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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. Whilst the Unit Managers hours were recorded on the rota the Registered Managers hours were not. This was discussed with the management team who agreed to include the Registered Managers hours going forward.

Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents with occasional short notice absenteeism. Staff confirmed that staffing levels are regularly reviewed by management to ensure that the needs of the residents are met. Staff members were observed to be attentive towards residents and displayed a kind and caring nature.

Discussion with staff confirmed that they were required to complete mandatory training both online and face to face. However, the inspector was unable to verify if there was a system in place to ensure staff were trained and supported to do their job as these records were not available. Following the inspection the Manager confirmed in writing that a matrix system was in place and there was good compliance in the overall training provided. This is discussed further in section 5.2.5.

The inspector requested a record of staff supervision and appraisal. The person in charge said that these meetings were being carried out but was unable to provide the matrix with staff names and the dates they were completed as this was held in the Managers office. Following the inspection the Manager 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.

Review of a sample of competency and capability assessments for the person in charge in the absence of the Manager evidenced that these had been completed.

Recruitment and induction records were not available during the inspection and the inspector was unable to verify if the Manager had appropriate oversight of this process. Discussion with the person in charge evidenced that these records were held by the Human Resource department for the home. The management team agreed to implement a checklist to evidence oversight of the recruitment and induction process which would be maintained within the office. This will be reviewed at a future inspection.

There was no evidence available 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 Manager confirmed in writing that a system was in place and that all relevant staff were registered with NISCC. This is discussed further in section 5.2.5.

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. It was positive to observe that residents were offered choice throughout the day. For example, some residents were enjoying a lie in on the day of inspection and were later assisted with personal care at their request.

Residents were generally well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. However, a number of resident's finger nails and facial hair required attention. This was discussed with the management team who immediately attended to the resident's needs. Following the inspection the person in charge verbally confirmed the action taken to address this with close monitoring by management to ensure sustained compliance.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Hillcrest. 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. Some residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual resident's likes and dislikes. Residents said they very much enjoyed the food provided in the home. Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor discrepancies were identified and discussed in detail with the person in charge. Following the inspection the management team provided verbal and written confirmation 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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and relevant onward referrals to the dietician where necessary.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. 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

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Whilst corridors were clear of clutter and obstruction, two fire doors were observed propped open and a further fire door was obstructed with a chair. This was discussed with the person in charge who immediately closed the doors and removed any obstructions. Whilst RQIA acknowledge that the management team took immediate action to address the issue an area for improvement was identified to ensure sustained compliance.

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 and floor coverings were worn in identified areas. The Responsible Individual discussed the redecoration plans for the home which are scheduled to commence in December 2022. Following the inspection the redecoration plan 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.

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 the management team that all relevant repair works had been completed.

The inspector identified that the door to a sluice room was unlocked with access to an electrical cupboard and a cleaning chemical. Cleaning chemicals were observed unsupervised in two other areas of the home and denture cleaning tablets were observed within a resident's ensuite. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified. The management team took immediate action during the inspection to address these issues and agreed to monitor this during daily walk arounds and communication with staff.

The management team told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (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 management team also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Residents commented positively about the food provided within the home with comments such as; "(The) food is nice", "Great food", "(The) food is the best" and "Good choice of food".

During the inspection residents were 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. An activity schedule was on display within the reception area outside the lounge.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change of ownership to Dunluce Healthcare Bangor Ltd and the Responsible Individual Mr Ryan Smith. Mr Caine McGoldrick remains as the home Manager.

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.

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.

Following the inspection written confirmation and necessary assurances were received from the Manager to verify that effective systems were in place and that relevant records would be available within the home going forward.

There was evidence that audits had been completed to review the quality of care and other services within the home. Most audits contained an action plan where deficits had been identified; however, this was not consistent within all audits. Details were discussed with the management team who agreed to review this and to monitor going forward.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Whilst the reports generated an action plan they did not provide the person responsible or the timeframe. It was further identified that they were not being completed on a monthly basis. Details were discussed with the management team and an area for improvement was identified.

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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	4*	1*

* The total number of areas for improvement includes one regulation and one standard that have 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, Unit 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 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that fire doors are clear from obstruction and not propped open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was addressed at the time of inspection. Automatic fire door closer has now been installed as residents choose to have lounge door open.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.3</p> <p>Response by registered person detailing the actions taken: Group supervision held with all staff to remind them of the importance of locking cupboard after accessing chemicals. Unit manager will continue to observe for compliance with same. New cleaning trollys have been purchased which include a lock box for cleaning chemicals.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.5</p> <p>Response by registered person detailing the actions taken: Regulation 29 inspection not completd in May 2022 as Dunluce healthcare had taken ownership of Hillcrest care facility and had to identify someone to complete same. Regulation 29 vists have taken place consistently since this date. As regulation 29 reports are recieved action plans are formulated with a person responsible and timeframe clearly identified. The RI will sign the reports monthly to ensure compliance with same.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
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. Ref: 5.1 and 5.2.3
To be completed by: 21 September 2018	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.

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



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