

Inspection Report

21 November 2023



Hillcrest Care Facility

Type of service: Residential (RC)
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: Dunluce Healthcare Omagh 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: 16
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 21 November 2023, from 10.10 am to 2 pm by a care inspector.

The purpose of the inspection was to follow-up on progress with all areas for improvement identified in the home since the last care inspection on 25 July 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents 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: "I love it here", "They (staff) are looking after me well", "I have everything I need", "I feel very safe" and "The staff are lovely here".

Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Plenty of training", "Really enjoy working here" and "Great support from management". There was no feedback from the staff online survey.

Eight questionnaires were received; three from residents, four from relatives and one which did not state if they were a resident or a relative. All respondents indicated that they were very satisfied with the overall provision of care. Comments included: "All care delivered is in a professional manner. Staff show empathy and respect when engaging with the residents. The environment is therapeutic for residents and staff", "The care (relative) receives is excellent", "Staff always kind and answer any queries" and "All aspects of (relatives) care are well catered for and (relative) is content".

Two relatives and two visiting professionals commented very positively about the home. Comments included: "Staff are great", "Very happy with the care", "Very kind", "It's a nice home" and "The staff are very good at communicating any changes in a resident's needs".

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 25 July 2023		
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 14 (2) (a) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Regulation 29 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the management team evidenced that this area for improvement had been met.	

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 44.1 Stated: First time	The registered person shall ensure that redecoration works are completed in accordance with a prioritised decoration works schedule.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team during and following the inspection, evidenced that this area for improvement had been met.	
Area for improvement 2 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.	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 3 Ref: Standard 22.3 Stated: First time	The registered person shall ensure that relevant records are available for inspection in the home at all times.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the management team evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A system for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) was in place and reviewed regularly by management.

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

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

A record of staff supervision and appraisals was maintained by the management team with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Quality of life for Residents

Observation of life in the home and discussion with staff and residents established that staff engaged well with residents individually or in groups. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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.

Residents commented positively about the food provided within the home with comments such as: "The food is excellent", "Plenty of choices" and "The food is nice".

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. 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).

5.2.3 Care Records

An inventory of personal property brought into residents' rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff. A sample of residents' property records were reviewed and evidenced that an effective system was in place.

5.2.4 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests. New ceiling lights had been installed throughout the corridors and a number of en-suites were being prepared for painting.

Review of a sample of bedrooms identified that walls required painting. Communal areas such as the lounge also required painting and the floor covering was worn within the lounge and reception corridor area. The responsible individual agreed to have all bedrooms painted as a

priority and further discussed future redecoration plans for the rest of the home including the replacement of identified floor coverings. Following the inspection both written and verbal confirmation was received that painting had commenced within the home.

Corridors and fire exits were clear from clutter and obstruction. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly. Improvements to the recording of the fire drills was discussed with the management team who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address this.

Observation of the environment identified that two communal toilets did not have an emergency pull cord beside the toilet to alert staff when assistance is required. The unit manager advised that these had been removed and agreed to have them replaced where necessary. This information was shared with the RQIA estates inspector and an area for improvement was identified.

A number of maintenance related issues were identified requiring repair/replacement. Details were discussed with management and following the inspection written confirmation was received that relevant action had been taken to address these issues.

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.

A system was in place to manage complaints and to record any compliments received about the home.

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. Written reports were completed following these visits and were available within the home.

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) (Version 1:2)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

* 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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 25 July 2023	The registered person shall ensure that all relevant pre-employment checks are obtained prior to staff commencing employment. Ref: 5.1 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 E8 Stated: First time To be completed by: 21 January 2024	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. Ref: 5.2.4 Response by registered person detailing the actions taken: We have contacted a company and they will send a person out to install the emergency pull cord in the two communal toilets.

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