

Inspection Report

13 December 2023



Hillcrest Care Facility

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Dunluce Healthcare Omagh Ltd</p> <p>Responsible Individual: Mr Ryan Smith</p>	<p>Registered Manager: Miss Lauren McGaghan</p> <p>Date registered: Acting</p>
<p>Person in charge at the time of inspection: Miss Lauren McGaghan</p>	<p>Number of registered places: 59</p> <p>A maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis to 4 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 57</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 59 patients. The home is divided in three units over two floors.</p> <p>There is a Residential Care Home which occupies the first and second floors. This is managed by another registered manager.</p>	

2.0 Inspection summary

This unannounced inspection took place on 13 December 2023, from 9.30am to 2.20pm. The inspection was conducted by a care inspector.

Prior to the inspection concerns were raised anonymously with RQIA regarding the management and notification of an alleged concern which had been raised with the Manager. The Responsible Individual (RI) investigated the allegations and provided RQIA with assurances of the actions taken. This inspection focused on the assurances provided and reviewed the arrangements in place to ensure that concerns were managed appropriately.

The inspection also 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Three new areas of improvement were identified during this inspection. These were in relation to the replacement of corridor carpets, recording of accidents and incidents and the recording of complaints. One previous area for improvement, to ensure that all notifiable events are submitted to RQIA without delay has not been met and is now stated for a third time.

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 patients, relatives, staff or the Commissioning Trust.

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

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were cared for very well and staff were kind and attentive. Some comments made included; "All is very good. I am well looked after" and "It's lovely here. I am very happy."

Staff spoke positively about the provision of care, staffing levels, training and managerial support.

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 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (t) Stated: Second time	The registered person shall ensure that a risk assessment is completed on all wardrobes and free standing furniture and secured for safety as necessary.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 30 Stated: Second time	The registered person shall ensure that all notifiable events are submitted to RQIA without delay.	Not met
	Action taken as confirmed during the inspection: Since the previous inspection to the home there have been notifiable events which were not reported to RQIA. This area for improvement has not been met and is stated for a third time. This is further discussed in section 5.2.3	

5.2 Inspection findings

5.2.1 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Patients' bedrooms were comfortable, suitably facilitated and nicely personalised. Communal areas were nicely decorated and comfortable. Bathrooms and toilets were clean and hygienic.

The home had a comfortable temperature throughout.

The corridor carpets had staining and rippled surfaces. An area of improvement was made for a time bound action plan to be submitted detailing when these carpets will be made good.

Cleaning chemicals were stored safely and securely.

There were no obstructions to fire safety exits.

5.2.2 Quality of Life for Patients

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "Everything is grand here. I can't complain about a thing."

Staff interactions with patients were seen to be pleasant, friendly, warm and supportive. Expressions of consent were evident with statements such as; "Would you like.....?" or knocking of bedroom doors to seek permission of entry.

Observations of care practices confirmed that patients were able to choose how they spent their day. It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options. Two patients said; "They (the staff) are all very good. They (the staff) can be terribly busy but all is okay" and "Everything is marvellous here. The staff are all lovely and very kind."

The genre of music and television channels was in keeping with patients' age group and tastes.

There was a range of activities provided for patients by staff and by visiting musicians to the home. The range of activities included social, community, cultural, religious, spiritual and creative events.

5.2.3 Management and Governance Arrangements

There had been a recent change to the management of the home. The deputy manager, Miss Lauren McGaghan was appointed acting Manager from 1 December 2023. RQIA were appropriately notified of the change to the management arrangements. Staff spoke positively about the managerial arrangements, saying there was good support and availability. The Manager is supported in their role by a Regional Manager and a Director of Nursing, who both were available during this inspection for discussion and feedback at the conclusion.

We reviewed the arrangements in place to respond to adult safeguarding concerns. Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy, as dated November 2023. The Manager was identified as the appointed safeguarding champion for the home; the RI confirmed that she has completed training to assist her to undertake this role. Staff spoken with were knowledgeable of the safeguarding policy and procedure and understood their responsibilities to report any issues or concerns. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately. The home's whistle blowing policy was up-to-date and accessible to staff. Staff safeguarding training was maintained on an up-to-date basis.

Prior to inspection issues relating to governance of staff registration with the Northern Ireland Social Care Council (NISCC) processes had been identified. This has since been rectified with assurances received during inspection to confirm that such registrations are being duly managed.

Prior to the inspection it was identified that there have been notifiable events which had not been reported appropriately to the relevant statutory bodies or to the patients' next of kin. Assurances were provided by the RI of the action taken to ensure that notifications would be notified appropriately in the future. An area for improvement, made as result of a previous inspection, to ensure that all notifiable events are submitted to RQIA without delay has not been met and is now stated for a third time. A further area for improvement was identified to ensure that accident reports are fully completed to include that the patients' Trust aligned worker and RQIA, where required, have been informed.

The management and notifications of incidents was discussed at length with the acting Manager who was knowledgeable of what was required to be notified to RQIA and the process to follow. There was evidence that complaints were taken serious and that records of complaint were suitably maintained. Records did not include if patients' Trust aligned named workers were informed of complaints; this was identified as an area for improvement.

The home was visited each month by a representative on the behalf of the RI to consult with patients, their relatives and staff and to examine all areas of the running of the home. Following the recent concerns the RI informed RQIA that the monthly visits have been revised and that additional checks would now be undertaken on specific records to confirm that the action reported as taken by the manager has been completed. The effectiveness of these changes will be assessed at future inspections.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: Third time To be completed by: 13 December 2023	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref 5.1 and 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that all notifiable events will be submitted to both RQIA and to the Trust within the specified time frames. The hard copy of these submissions will also be held within the manger's office.</p>
Area for improvement 2 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 13 January 2024	<p>The registered person shall submit a time bound action plan to RQIA detailing when the corridor carpets will be made good.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person has immediately ensured that all carpeted areas are free from any slip/trip fall risks and the home's maintenance manager has completed immediate repairs where required to ensure that the carpeted areas have been made good. The home is undergoing a period of significant capital expenditure and investment in both the exterior interior and the carpets will form part of this broader refurbishment when required.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 35(9) Stated: First time To be completed by: 14 December 2023	<p>The registered person shall ensure that accident/incident reports are fully completed to include that the patients' aligned worker and RQIA, where required, have been informed.</p> <p>Ref:5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that all accident/incident reports are fully completed and that the relevant case worker, RQIA and Trust are notified where required. All of these documents are retained and filed in the manager's office. The registered person will also ensure that where the incident relates to an accident that the RQIA Post-Falls Pathway Guidelines will be followed.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 16(14)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are maintained to evidence that the patient’s aligned named worker is informed of any complaints relating to care practices.</p> <p>Ref:5.2.3</p>
<p>To be completed by: 14 December 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that all records that are maintained will clearly evidence that the person's case worker is also notified where a complaint has been made relating to care practices. The Dunlunce Complaints Form will also show that this procedure has been completed. Further the monthly Regulation 29 Monitoring visits will review any and all Complaints received to ensure that due process has been followed and that the complaint has been dealt with or escalated accordingly.</p>

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