

# Inspection Report

25 April 2023



## Hillcrest Care Facility

Type of service: Nursing  
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

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Dunluce Healthcare Bangor Ltd	<b>Registered Manager:</b> Mr Caine McGoldrick
<b>Responsible Individual:</b> Mr Ryan Smith	<b>Date registered:</b> 13 July 2022
<b>Person in charge at the time of inspection:</b> Mr Caine McGoldrick	<b>Number of registered places:</b> 59  A maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis to 4 persons
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 56
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 59 patients. The home shares the same building as Hillcrest Care Facility Residential Care Home.	

## 2.0 Inspection summary

This unannounced inspection was conducted on 25 April 2023, from 9.20am to 3.30pm, 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.

All but two previous areas of improvement were met. These were in relation to risk assessment of free standing wardrobes and notification of incidents.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of patients.

There were no new areas of improvement identified during this inspection.

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.

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

Questionnaires were provided to give patients 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 management team, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said that they were happy with their life in the home, their relationship with staff, and the provision of meals. Two patients said; "I am very happy here. I believe all is well here and the staff are very good." and "This is a great nursing home and it is the staff that make it. They (the staff) are excellent. I feel very blessed to be here." Patients unable to articulate their views were seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support. One member of staff described how she loved her job and coming to work and seen her care for patients as an extension of her care for her family. The staff member said the workload was busy but sensible at the same time and that management were very approachable.

There were no questionnaires received in time for inclusion to this report.

## 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 13 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19 (1) (a) (3) (a) (b) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that care records are maintained in accordance with legislative requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records were maintained in accordance with legislative requirements.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a) (b)  <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are not propped open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no fire doors propped open at the time of this inspection.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no obvious hazards to safety observed in the environment at the time of this inspection.	

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a risk assessment is completed on all wardrobes and free standing furniture and secured for safety as necessary.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was a considerable number of free standing wardrobes which posed a risk if a patient were to pull on such in the event of a fall.</p> <p>This area of improvement has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>All IPC were found to be addressed.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Accidents and incidents had been notified to RQIA but there were incidents pertaining to distressed behaviours which had impact of patients' well-being that were not reported to RQIA and should have been.</p> <p>This area of improvement has been stated for a second time.:</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that care records are accurately maintained throughout all relevant documentation. With specific reference to the patients recommended daily fluid target</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Appropriate recording was in place with these assessed needs.</p>	<p><b>Met</b></p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that quality governance audits are robust at identifying deficits with a clear action plan, the person responsible for completing the action and follow up.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• care records.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> These quality assurance audits were suitably in place.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the manager has oversight of relevant registration checks on care assistants with NISCC and that evidence of these checks is available within the home.</p> <p><b>Action taken as confirmed during the inspection:</b> NISCC checks were found to be appropriately in place.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a patient requires repositioning the recommended frequency of repositioning is consistent within care plans and recording charts are reflective of the recommendations within care plans.</p> <p><b>Action taken as confirmed during the inspection:</b> Appropriate recording was in place with these assessed needs.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring wound care the following action is taken:</p> <ul style="list-style-type: none"> <li>• a care plan is implemented with the recommended wound care dressings and frequency of dressing renewal</li> <li>• a separate evaluation is completed for each individual wound following a dressing renewal</li> </ul>	<p><b>Met</b></p>

	<ul style="list-style-type: none"> <li>the wound is redressed in accordance with the recommended frequency reflected within care plans.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b> Appropriate care planning and recording was in place with these assessed needs.</p>	
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care records are accurately maintained with the most up to date SALT recommendations.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Care records were found to accurately account for the most up to date SALT recommendations.</p>	
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Care documentation was stored safely and securely.</p>	
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that risk assessments and care plans are completed within the required timeframe following admission/re-admission to the home in accordance with legislative requirements.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> These risk assessments and care plans were completed in a timely manner.</p>	



## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a recently appointed staff member's recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. One patient said; "I couldn't ask for better. I am being cared for very well." Staff were also seen to be prompt in recognising when patients needed assistance with comfort and dealt with such in a kind manner.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

A considerable programme of work, including training has been put in place with care records and care planning. Care records are routinely audited on a monthly basis.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals.



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered. One patient said; "The food is very good too and a good choice."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with the manager confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients 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.

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.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

### **5.2.3 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 being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The Manager reported the plans in place for painting of bedrooms and corridors.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

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.

The home's most recent fire safety risk assessment was completed on 14 September 2022. There were no recommendations made from this assessment.

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

#### **5.2.4 Quality of Life for Patients**

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. One patient said; "All is very good here and so is the food. I haven't any complaints."

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; "Everything is 100%" and "All is grand. They (the staff) are very good here."

#### **5.2.5 Management and Governance Arrangements**

There is a defined management structure for the home with additional senior management support, as found evident from the presence of Mr Ryan Smith Kevin, Responsible Individual, Ms Annette Martin, Regional Manager and Dr Kevin Moore, Director of Nursing, during this inspection. This management team were also available for feedback at the conclusion of this inspection.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability. Staff also spoke positively about the preceptorship training, supervision and appraisals and how for example they had seen improvements with how care records were managed and recorded.

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. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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 patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders, other than there were incidents pertaining to distressed behaviours which

had impact of patients' well-being that were not reported to RQIA and should have been. This was identified as an area of improvement.

There was evidence that the manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by the responsible individual(s) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in excellent detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0

\* The total number of areas for improvement includes two that have been stated for a second time.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(t)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 2 May 2023</p>	<p>The registered person shall ensure that a risk assessment is completed on all wardrobes and free standing furniture and secured for safety as necessary.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Following discussions with the Regulator and taking due cognisance of the existing risk assessments in place, the provider has followed through on the Regulator's recommendations to secure all freestanding wardrobes to the walls within each of the resident bedrooms. This has now been fully completed in an attempt to reduce the risk that freestanding furniture poses, as much as is reasonably practical. All freestanding wardrobes were secured by 27/04/2023..</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 26 April 2023</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> The management of the home take great care to ensure that all relevant stakeholders are informed following any incident within the home. The management also have implemented robust governance processes to ensure that all incidents are recorded and reported appropriately. On the occasion of the incident noted in the above report, the manager was unaware that this type of incident needed to be reported to RQIA. This has been discussed with the management of the home and any similar incidents will be reported to RQIA accordingly.</p>

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



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