



The **Regulation** and  
**Quality Improvement**  
Authority

**Hillcrest**  
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**23b Old Mountfield Road**  
**Omagh**  
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**Unannounced Care Inspection  
of  
Hillcrest**

**24 September 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 24 September 2015 from 10.30 to 15.30 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Hillcrest which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 2 September 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>1</b>

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mrs Julie Taylor, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Knockmoyle Lodge Limited	<b>Registered Manager:</b> Mrs Julie Ann Elizabeth Taylor
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Julie Ann Elizabeth Taylor	<b>Date Manager Registered:</b> 1 October 2009
<b>Categories of Care:</b> RC-I, NH-DE, RC-DE, NH-I, NH-PH 36 nursing: 20 residential, Maximum of 28 persons in category NH-I, 8 persons in category NH-DE, 17 persons in category RC-DE and 3 persons in category RC-I. The home is also approved to provide care on a day basis to 4 persons.	<b>Number of Registered Places:</b> 56
<b>Number of Patients Accommodated on Day of Inspection:</b> 53	<b>Weekly Tariff at Time of Inspection:</b> £470 - £613

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

The inspector met with seven patients individually and with the majority of others in groups, two care staff, three nursing staff, one ancillary staff member.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIPs) from the care inspection undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- staff duty rotas from 7 September to 27 September 2015
- staff training records in relation to the theme
- two staff competency and capability records
- three care records
- a selection of policies and procedures
- incident and accident records
- a selection of care record audits
- the complaints records
- minutes of staff meetings for 2015
- guidance for staff in relation to palliative and end of life care

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection on 28 October 2014. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	It is recommended that the following guidelines are available to staff: <ul style="list-style-type: none"> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Continence guidelines were available for staff to reference.  This recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> First time	It is recommended that regular audits of the management of incontinence are undertaken and the findings acted upon.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care record audits were reviewed and were found to have been completed regularly. A system was in place to feedback results to staff and appropriate actions had been taken.  This recommendation has been met.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a continence link nurse is nominated in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A continence link nurse had been identified for the home and meetings were being hosted by the local trust.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 19.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that there is information on promotion of continence available in an accessible format for patients/residents and their representatives.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Continence information leaflets were available at various locations throughout the home for patients and their representatives to consult.</p> <p>This recommendation has been met.</p>	<p><b>Met</b></p>

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. These guidelines had been made available for staff to reference. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives as part of their palliative care training. This included the procedure for breaking bad news as relevant to staff roles and responsibilities.

#### Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs including sensory and cognitive impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news.

### **Is Care Compassionate? (Quality of Care)**

Staff consulted emphasised the importance of building close, professional relationships with patients and their families. Nursing staff stated that they informed families promptly if there was any deterioration in a patient's condition.

Patient spoken with confirmed that staff kept them informed regarding their condition and responded promptly to any concerns raised. One relative spoken with also confirmed that they were kept informed about any deterioration in their loved one's condition and staff contacted the GP where appropriate.

Relationships between staff and patients were observed to be relaxed and friendly. Staff were observed to be responding appropriately to patients' needs in a patient and compassionate manner.

Numerous thank you cards were on display on tables throughout the home in which relatives commended staff for the care shown to their loved ones.

### **Areas for Improvement**

No requirements of recommendations were made in relation to this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying had recently been reviewed and were available in the home. These did not specifically reference the Gain Palliative Care Guidelines (2013) but they were reflective of these guidelines and included guidance on the management of the deceased person's belongings and personal effects.

A review of training records evidenced that a number of nursing staff and one senior care assistant had completed training in respect of palliative/end of life care and death/dying with Macmillan early this year. The manager stated that she planned to attend a "train the trainer" session so that she could pass this on to other staff in the home. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013).

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The contact numbers were observed to be available at the nurses' stations.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol.

The majority of staff nurses had received training in the management of syringe drivers. If these were required they were supplied by the Trust community nurses who supported the nursing staff in the home as appropriate.

A palliative care link nurse had been identified.

### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals could be made to the specialist palliative care team and nursing staff emphasised the value of this support and the support of their local GP's.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been managed appropriately.

### **Is Care Compassionate? (Quality of Care)**

Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Those staff spoken with confirmed that relatives were always made welcome particularly as the person neared end of life. A comfortable chair was offered along with regular drinks and snacks as required.

From discussion with the manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient including the support of the

manager and the team. Information regarding support services was available and accessible for staff, patients and their relatives. This information included information from the local Trust and Macmillan Cancer Services.

### Areas for Improvement

No requirements or recommendations were made in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Comments of Patients, Patient Representatives and Staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

#### Patients

No patients completed questionnaires but comments made in discussion included:

“Staff are very good. Any issues I have they sort them out. If I have to use my buzzer they come quickly.”

“Generally the staff are very kind and I have no complaints.”

“Staff are very kind and caring. You won’t find much wrong here.”

#### Patients’ Representatives

One patient’s representative spoke with the inspector and eight others returned questionnaires to RQIA following the inspection. Their comments were all very positive regarding the standard of care provided and the staff in the home. The relative spoken with confirmed that they were kept informed of any deterioration and they felt that their loved one was safe and well looked after.

Some other comments included:

“At all levels I have found the staff efficient, pleasant and caring. My experience of the welcome given to visitors is very positive.”

“Home from home – treated with respect and dignity.”

“Staff are extremely considerate and friendly. They always have time to help or explain things and despite a heavy workload seem to find time for everyone.”

“X’s religious needs are catered for by visits from religious groups and chaplain to the home. My relative is treated in all aspects with great respect and dignity.”

“I would prefer to have religious support provided on a more regular basis.”



## Staff

Those staff spoken with were happy working in the home and raised no issues or concerns. Eight staff completed questionnaires and these staff were either satisfied or very satisfied with the training provided, the support offered to patients who were dying and their relatives and that patients' wishes were respected.

Other comments included:

"I feel Hillcrest Care Facility gives a great standard of care and feel very content when my shift is finished that all the residents' needs were given."

"We provide excellent quality of care and a great team ensuring every client is met with their individual needs and plenty of compassion is given."

### 5.5.2. Environment

The home was presented to a good standard of décor and hygiene throughout. However, there were noted to be unlabelled tubs of thickener in patients' bedrooms. These are a prescribed product and must be individually labelled and given to the patient for whom they have been prescribed. A requirement is made in this regard.

It was noted that in the dementia residential unit that various activities were being offered to the residents. Patients were noted to be taking part in a sing-a-long with staff. However, the activities schedule was printed in black and white on an A4 sized page and was not reflective of the activity in progress. This was discussed with the manager who stated that the activities were under review as they had recently recruited a new activities therapist. A recommendation is made that the activities are reviewed and the schedule made available to residents in an accessible format.

The complex consists of three separately registered premises including Hillcrest, Hillside and Hillview Lodge. It was noted on entering the complex that whilst there were signs for the other two units there was no sign indicating the location of the Hillcrest unit. This was discussed with the manager who had also identified this to the registered provider and agreed to address this.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Julie Taylor, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>	The registered provider must ensure that thickening agents are prescribed and administered only to the patient for whom they are prescribed.		
<b>Ref:</b> Regulation 13 (4) (b)	<b>Ref: Section 5.5.2</b>		
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>To be Completed by:</b> 24 October 2015			
<b>Recommendations</b>			
<b>Recommendation 1</b>	The programme of activities should be reviewed and displayed in a suitable format and location so patients know what is scheduled.		
<b>Ref:</b> Standard 11	<b>Ref: Section 5.5.2</b>		
<b>Stated:</b> First time	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>To be Completed by:</b> 24 November 2015			
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**