

Inspection Report

Name of Service: Hillside Residential Unit

Provider: Dunluce Healthcare Omagh Ltd

Date of Inspection: 11 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Dunluce Healthcare Omagh Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mrs Edel Shalbinski
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 13 residents. Accommodation is over two floors with shared communal areas on the ground floor.</p> <p>There is a separate registered nursing home which occupies the same building and this is managed by a separate registered manager.</p>	

2.0 Inspection summary

This unannounced inspection took place on 11 July 2025, from 9.25am to 2.40pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the one area of improvement identified by RQIA, during the last inspection on 14 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and were trained to deliver safe and effective care.

As a result of this inspection the one previous area of improvement was assessed as having been addressed by the provider. Two new areas of improvement have been identified. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that they were well cared for in the home and that staff were kind and attentive. Two residents made the following statements; "I am very happy here. It is a great place. Staff do their very best" and "It's brilliant here. You couldn't beat the food."

Residents also made comments on how their choices were fulfilled and how they found the atmosphere in the home to be relaxed and comfortable.

Staff spoke positively about their roles and duties, the provision of care, teamwork, training and managerial support. One member of staff described the care in the home as; "First class" and "There is a lovely homely family atmosphere."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training, regular staff meetings and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of adequate systems in place to manage staffing. An area of improvement was made for the record of staff training to be maintained on an up-to-date basis.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. They described the manager as approachable and readily available for advice.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

An appropriate system to manage the registration of care staff with the Northern Ireland Social Care Council (NISCC) was in place.

Any member of staff who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

3.3.2 Quality of Life and Care Delivery

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Staff interactions with residents were observed to be friendly, polite and supportive.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Staff have received training in the management of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. The choice of dinner time meal was appetising and wholesome. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents' preferences and wishes were also respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care.

An area of improvement was made as identified in the most recent fire safety risk assessment and detailed in 3.3.4 for applicable care planning and risk assessments to be put in place for residents who smoke. Advice was given in relation to same.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and nicely decorated and furnished. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

The home's fire safety risk assessment was completed on 3 October 2024. An area of improvement was made to record corresponding evidence to confirm that the one recommendation from this assessment has been addressed.

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.

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.

3.3.5 Quality of Management Systems

There is a defined management structure as detailed in the home's Statement of Purpose. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk. Staff said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named workers and to RQIA, as appropriate.

Expressions of complaint are taken serious and managed appropriately.

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

The home was visited each month by a representative on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports were informative and included action plans to address any issues identified. The reports are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Edel Shalbinski, Registered Manager, 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 19 (2) Schedule 4 (21) Stated: First time To be completed by: 18 July 2025	The registered person must ensure the record of staff training is maintained on an up-to-date basis. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered manager has ensured that the training record has been updated and is maintained on a monthly basis.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 18 July 2025	The registered person shall put in place, as applicable care planning and risk assessments for residents who smoke, particularly as recommended in the fire safety risk assessment dated 3 October 2024. Ref: 3.3.3 and 3.3.4 Response by registered person detailing the actions taken: The registered manager has ensured that the smoking risk assessment has been ammended according to fire safety and will be updated on a weekly basis.

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



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