

Inspection Report

Name of Service: Hillcrest Care Facility

Provider: Dunluce Healthcare Omagh Ltd

Date of Inspection: 3 and 4 June 2025

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

1.0 Service information

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| Organisation/Registered Provider: | Dunluce Healthcare Omagh Ltd |
| Responsible Individual: | Mr Ryan Smith |
| Registered Manager: | Ms Lauren McGaghan |
| <p>Service Profile – This home is a registered nursing home which provides nursing care for up to 59 patients.</p> <p>Accommodation is over two floors and the nursing home is linked by a registered residential home. This residential care home is managed by a separate manager.</p> <p>There are shared communal lounge and dining areas throughout the nursing home.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 3 June 2025, from 9.30am to 3.30pm and on 4 June 2025, from 9.40am to 2.10pm. 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 areas for improvement identified by RQIA, during the last care inspection on 23 and 24 July 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 all the previous areas improvement were assessed as having been addressed by the provider. Three new areas for improvement were identified. Full details, 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 patient'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 also 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

Patients who were able to make their wishes known said they enjoyed living in the home. Some of the comments shared by patients included; "I have all my comforts here and I am looked after great. The food is very good too.", "They're (the staff) the best here. All very good." and "I am very happy here. It is a lovely place." Those patients who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Three visiting relatives said they were very happy with the care in the home and that staff were kind and caring.

Staff spoke positively about their roles and duties, staffing levels and the provision of training. They also said that management were very supportive and readily available and that they would have no hesitation with reporting any issues of concern.

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 and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

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, despite the busy workload.

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

An appropriate system to manage the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC) was in place.

Any nurse 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 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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment, such as bedrails that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff to receive training in the management of falls.

Patients may require special attention to their skin care. Care records accurately reflected these patients' assessed needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The dinner time meal was appetising, wholesome and nicely presented. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients commented positively throughout this inspection on the provision of meals.

A planned programme of activities was in place for which patients who participated in enjoyed. The programme of activities included a visiting group of musicians, for which patients enjoyed very much. Patients' 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. The genre of music played and television channels was in keeping with patients' age group and tastes.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Care records pertaining to these needs were well recorded in an individualised person-centred manner.

3.3.3 Management of Care Records

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

Care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care. An area of improvement was made for patients with assessed low mood and associated behaviour to have a detailed care plan and subsequent review in place.

3.3.4 Quality and Management of Patients' Environment Control

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

An area of improvement was made for a time bound action plan to be submitted detailing when the corridor carpets will be made good, due to the current appearance of wear and tear.

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. There were no recommendations made as a result of this assessment. 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

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA. A monthly analysis of accidents and incidents was carried out.

Records of complaint evidenced that such expressions were taken seriously and managed appropriately, as well as learning platforms to drive improvement.

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

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

4.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 0 | 5* |

* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lauren McGaghan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | |
| Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection (15 October 2024) | The registered person shall ensure that care plans are in place when medicines are prescribed for the management of distressed reactions. |
| | 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 29 Stated: First time To be completed by: From the date of inspection (15 October 2024) | The registered person shall ensure that personal medication records are accurately maintained and verified by two members of staff to ensure accuracy. |
| | 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 39 (4) Stated: First time To be completed by: 4 July 2025 | The registered person shall ensure all nursing and care staff to receive training in the management of falls. Ref:3.3.2 |
| | Response by registered person detailing the actions taken: This training has been scheduled to take place for all nursing and care staff. Dates have been organised for care staff on the 14 th August 2025 and the 4 th September 2025. For Nursing staff the dates have been organised for 21 st August 2025 and the 11 th September 2025. |

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| <p>Area for improvement 4</p> <p>Ref: Standard 21(12)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2025</p> | <p>The registered person shall ensure patients with assessed low mood and associated behaviour have a detailed care plan and subsequent review in place.</p> <p>Ref:3.3.3</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 44 (1)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2025</p> | <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that individual detailed care plans have been implemented for each resident with an assessed low mood and associated behaviours. We have also arranged for additional training in Mental Health Awareness and Assessment for all Registered Nurses on 14th August 2025 and again on the 4th September 2025.</p> <p>The registered person shall submit a time bound action plan detailing when the corridor carpets will be made good.</p> <p>Ref:3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that this has been costed and approved by the RI. We have now gone to procurement of a supplier to replace the carpet on the top floor of the home. The project to replace the carpet will take approximately one week to complete, once commenced. This will be commenced within the next three months.</p> |

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