

Inspection Report

Name of Service: Hillcrest Care Facility

Provider: Dunluce Healthcare Omagh Ltd

Date of Inspection: 28 August 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 Ebeith Farrell
<p>Service Profile This home is a registered residential care home, which provides health and social care for up to 17 residents who are living with dementia. All residents areas are on the ground floor level and residents are accommodated in single bedrooms with ensuite facilities. Residents have access to communal areas and a secure outdoor space.</p> <p>There is a nursing home located within the same building however both services are managed separately.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 28 August 2025, from 10.00am to 3.10 pm 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 14 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and bedrooms were personalised with items which were important to residents.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Observation of the care provided to residents found this to be kind and compassionate.

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

As a result of this inspection one area for improvement from the previous care inspection was assessed as having been addressed by the provider. One area for improvement relating to medicines management was also assessed as being met. Full details, including one new area

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 residents', 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "they are very good to me and I have a lovely room in here," "the staff are all good to me and the food is tremendous," "staff are very good" and "this is a good place."

One relative spoken with confirmed that they were satisfied with the care and services being delivered in the home. They stated that "this place has been a lifesaver and the staff are brilliant. There is always plenty of staff about; they are all very approachable, including the manager."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff spoken with advised that there was good teamwork and everyone is willing to help. Staff reported that the care provided in the home was good and the residents were well cared for. Staff told us that the manager was supportive and available for advice and guidance.

Two questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home. One response was "excellent, high standard in every respect."

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 residents. There was evidence of robust systems in place in relation to staff recruitment, induction and training.

Residents said that there was enough staff on duty to help them. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

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

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

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 offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 residents to socialise and the atmosphere was relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities. An activity schedule was on display in the communal area offering a range of individual and group activities such as baking, quizzes, bingo, armchair exercises and music. There were numerous photos on display of previous activities completed.

On the day of the inspection the residents were involved in arts and crafts activities. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

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 and staff recorded regular evaluations about the delivery of care.

Residents care records were held confidentially.

It was noted that the information sheet used by staff in relation to the management of specialised diets was not reflective of the information contained in residents' care plans. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ebeith Farrell is the registered manager of this home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ebeith Farrell, 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 Minimum Standards (Dec 2022)

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 3 September 2025</p>	<p>The Registered Person shall ensure that all information regarding the management of residents with specialised dietary needs corresponds with the information set out in their care plans.</p> <p>This relates specifically to the sheet used by staff during the serving of meals.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has updated information regards the management of Resident's on specialised dietary needs identifying these clearly on the menu sheet. This is updated and Staff are aware of the process.</p>

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



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