The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hillcrest Care Facility**

Provider: **Dunluce Healthcare Omagh Ltd**

Date of Inspection: **6 August 2026**

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

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 are accommodated in single rooms with ensuite facilities. Residents have access to communal and dining areas as well as a secure outdoor space.

There is a separate registered nursing home which is located on the same site and this home is operated and managed separately.

2.0 Inspection summary

An unannounced inspection took place on 6 August 2026 from 10.30am to 4.15pm, 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 28 August 2025; 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 warm and welcoming. Bedrooms were personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and that the staff were kind and respectful. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Full details, including two new areas for improvement 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 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

Discussion with residents evidenced that they were happy with the care provided to them in this home. Comments made included: "I am happy enough," "There are wonderful people here; they are very kind," "This is a lovely place. There are plenty of staff on duty and they come to you very quickly if you want anything," and "It took me a while to settle but I am very happy here. They are wonderful to me, respectful and kind"

Residents advised that they can choose where and how to spend their day and praised the range of activities available in the home.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and that this was important to them. Staff advised that they were well supported in their roles by the manager.

Six questionnaires were returned to RQIA following the inspection. All of the respondents indicated that they were happy with the care provided and commented "excellent, high standard of care with friendly and approachable staff, staff are so kind and caring"

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 some systems in place to manage staffing. Review of recruitment records identified that there were gaps in employment which were not explored further. This was identified as an area for improvement

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Review of the supervision planner confirmed that staff received supervision every six months and an annual appraisal.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents confirmed that staff responded quickly to calls for assistance.

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 also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Discussion with the manager provided assurances how the risk of falling and falls were managed within the home. The manager confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

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

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Anyone who required specific support was provided with this.

Activities for residents were provided which included both group and one to one activities. There was an activity planner on display and phots were displayed of the activities completed. Activities available for residents included baking, quizzes, bingo, armchair exercises and music.

A number of the residents attended musical activities with the activity person. Residents appeared to enjoy this very much. Residents also had opportunities to watch television or engage in their own preferred activities such as reading their paper.

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 post falls observations were not completed in accordance with best practice and the risk assessment was not consistently reviewed following a fall. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors were found to be clear and unobstructed and fire doors were fully closing. The fire safety risk assessment was completed on 1 October 2025. There were no recommendations made as a result of this assessment.

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

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.

The home manager was well regarded by staff, who described the manager as approachable, supportive and committed to providing high quality care.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in the home.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	2

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)

Area for improvement 1 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** As from the date of this inspection (6 August 2026)	The registered person shall ensure that all gaps in employment are fully explored before making an offer of employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered person will ensure that all gaps in employment are fully explored in the interview before, making an offer of employment.
Area for improvement 2 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** As from the date of this inspection (6 August 2026)	The Registered Person shall ensure that the risk assessment is reviewed following a fall and that the 24 hour observations are fully completed in accordance with best practice. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered person will ensure thae Risk assessment is reviewed by completing audits and checking the 24 hour observations are completed in form C of the Falls Path Way.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews