Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0049682

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hillcrest House Nursing Home is a designated centre registered to provide 24-hour health and social care to 58 male and female residents. It provides long-term, respite and end-of-life care, including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe, comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity. The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend their day, and an outdoor courtyard garden is easily accessible and safe for residents to use independently.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 February 2026	18:00hrs to 21:00hrs	Celine Neary	Lead
Wednesday 18 February 2026	09:00hrs to 14:00hrs	Celine Neary	Lead
Tuesday 17 February 2026	18:00hrs to 21:00hrs	Helena Budzicz	Support
Wednesday 18 February 2026	09:00hrs to 14:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life and their individual needs were met. The overall feedback from residents in this designated centre was that they were happy with the care they received and that staff looked after them well. Residents told the inspectors that they were "happy here" and that "they are good to me".

This unannounced inspection was carried out over two days. Inspectors arrived at the centre at six o'clock in the evening on the first day. This gave the inspectors the opportunity to observe the evening and night-time experiences of residents living in this centre. This centre comprises of two buildings; the House, which accommodates 31 residents and the Lodge, which accommodates 27 residents.

Inspectors walked around the House premises first to observe staff and resident interactions, and also review the premises. Inspectors found that staff worked hard to attend to residents' care needs and calls for support.

Many areas had new flooring in place since the last inspection, and the oratory had been redecorated to provide a quiet space for residents and families to use. Some furniture was in need of repair, such as bed frames and wardrobes. This was included in their planned schedule of improvement works.

The inspectors observed staff interacting with residents during the day, and it was evident that management and staff in the centre knew residents well and were familiar with each resident's needs and preferences. The atmosphere in this building was busy and staff were working hard to assist residents. Call-bells were responded to in a timely manner. Residents told the inspectors that they felt safe living in the centre, and that they enjoyed the various activities that take place.

Following a short time, the person in charge and the director of nursing attended the centre, met with the inspectors, and provided an overview of the care needs of residents and specific measures in place to meet their needs. Three residents were provided with additional companionship support, which was in line with their care plans and contracts of care. These staff were in addition to the staff complement allocated to support residents in the House and the Lodge. Inspectors observed that there was sufficient staff available to residents in both premises of this centre. There was a registered nurse on duty in each building.

Residents' bedroom accommodation was provided in a mixture of single and twin-occupancy bedrooms, some of which had en-suite facilities. Several bedrooms had been personalised with the residents' own belongings, such as photographs and ornaments. Residents had sufficient space to store their personal belongings.

An inspector went to the Lodge building and observed the atmosphere to be calm and well managed. Again, call-bells were responded to in a timely manner, and staff were available to residents when required. Care staff were attending to residents, assisting them with drinks and snacks, and helping them get ready for bed.

The Lodge was experiencing a respiratory infection outbreak at the time of inspection, but this was observed to be appropriately managed and contained to eight residents, who were recovering well. The inspector based in the Lodge observed good hand-hygiene and infection prevention and control practices being performed by staff, to minimise the risk of cross-contamination or spread. Staff were knowledgeable in their role and the importance of minimising the spread of infection. The inspector observed staff wearing personal protective equipment (PPE) appropriately.

The inspectors spoke with many residents, and the feedback was positive. Residents confirmed to the inspectors that when they sought help and support, this was provided in a timely manner. The inspectors observed that drinks and snacks were provided for residents as requested. Care staff asked residents individually what drinks and snacks they would like. Some residents had toast, cereal, and biscuits for their evening snack, which was delivered to their bedrooms or served in the dining room, as per their choice and preference. Residents informed the inspectors that they had a good choice of food available and could request alternatives if they did not like what was offered.

Residents were observed to have their personal care delivered in line with their preferences, and appeared to be content and comfortable in their surroundings. Mobility equipment was observed to be clean, serviced and in a good state of repair. Residents were observed being facilitated to mobilise along the corridors with staff supervising where necessary.

Some of the residents in the centre were observed to have complex care needs. An incident of responsive behaviour, observed by inspectors, appeared to have a negative impact on some of the other residents in the centre. This was discussed with the provider on the day of the inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2013 to 2025 (as amended), to follow up on the action taken following the last inspection in August 2025. An application to renew the centre's registration was submitted by the provider, and the details of this application were reviewed on this inspection.

The inspectors found that the compliance plan responses from the previous inspection in August 2025 had been implemented and that the centre was appropriately resourced for the effective delivery of care. There were good governance and management arrangements in place, and the provider had sustained improvements made to the service. However, a review of the oversight of fire safety and the management of residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) found that these areas were not fully aligned with the requirements of the regulations.

Hillcrest Nursing Home Limited is the registered provider of Hillcrest House Nursing Home. There was a clearly defined management structure in place, with clearly identified lines of accountability and authority. There was a person in charge in position, supported by a director of nursing, two clinical nurse managers, and a team of nurses, health care assistants, cleaning, catering and administration staff. Following an inspection in 2023 the centre had a restrictive condition attached to the registration regarding staffing levels.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents, such as incidents, falls, wound care, care plans and cleaning schedules. They used these audits to implement quality improvement plans and enhance the standard of quality of care. Additionally, there was a schedule for regular team meetings, which included clinical governance, management, and staff meetings.

The numbers and skill-mix of staff across all departments, such as management, nursing and healthcare assistants, were in line with the provider's statement of purpose and the restrictive conditions on the centre's registration certificate in respect of staffing levels. Residents requiring additional support and companionship were provided with this, in line with their assessment and care plans.

Staff had access to a range of training, including infection prevention and control, fire safety, manual handling, safeguarding and responsive behaviours. Inspectors saw that appropriate supervisory arrangements and support for staff were provided.

The inspectors reviewed a number of staff files and these files contained the necessary information, as required by Schedules 2 and 4 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

A sample of contracts of care between the resident and the registered provider was also reviewed, and they clearly set out the terms and conditions of the resident’s residency in the centre and any additional fees.

All complaints made by residents or relatives had been investigated and the outcomes recorded. There was one open complaint in progress at the time of this inspection.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied for renewal of registration of the centre in a timely manner. Prescribed documentation was submitted, and fees were paid.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed a sample of staff duty rotas and found that the number and skill-mix of staff were sufficient to meet the needs of residents, having regard to the size and layout of the centre. In addition, appropriate staffing arrangements were in place to provide companionship for residents who required it.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised. All staff were up-to-date with mandatory training.

Judgment: Compliant

Regulation 21: Records

Records were stored securely in the centre. The requested records were made available to the inspectors during the inspection. A sample of five staff records was examined, and they contained the necessary information required under Schedules 2 and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not fully ensure that the service delivered was appropriately monitored. This was evidenced by the following:

- The oversight of daily fire safety precautions was not robust. The inspectors observed some inappropriate fire safety practices. These findings are detailed under Regulation 28: Fire precautions.
- The arrangements and measures in place to manage the responsive behaviours of residents living with dementia in the centre were not in line with the requirements of the regulation, with respect of the appropriate assessment and care planning.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of five contracts of care was reviewed. The registered provider had ensured that residents had a contract of care that was appropriately signed, and detailed the room number and occupancy, the services to be provided, and the fees to be paid.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, which met the requirements of the regulations. Copies of the complaints procedure were displayed in prominent positions in the centre. A review of the recorded complaints showed that they were managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

The inspectors observed that the interactions between residents and staff were kind and respectful throughout the inspection. The majority of residents were satisfied

with the quality of care they received, and staff spoken with were knowledgeable of residents' needs. While overall good care practices were observed, some residents with complex care needs did not have their care needs managed to minimise their distress and the impact on the quality of life of the other residents living in this home.

The centre had an electronic care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools was in use to identify residents' care needs.

The centre was generally found to be clean and warm throughout. Some good infection prevention and control measures were in place and monitored by the management of the centre. However, inspectors found that some practices in the centre did not ensure full compliance with the National Standards for Infection Prevention and Control in Community Services (2018).

Residents retained access and control over their own belongings and were supported to bring their personal belongings into the centre. Residents' linen and clothes were laundered regularly, and there was a system in place to label residents' clothing. Each resident had adequate storage facilities available to them for their personal possessions.

The inspectors saw that medication management systems were of a good standard and that residents were protected by safe medicine practices. The inspectors observed that medicine was administered appropriately, as prescribed and dispensed. Medicines were stored in a locked trolley in the clinical rooms.

There were some areas of fire safety management that did not ensure that residents could be safely evacuated in the event of a fire emergency. For example, chairs in the communal room were obstructing afire exit, and a linen trolley was permanently stored in a corridor in a way that obstructed the path of escape. The registered provider was required to take immediate action to address these issues during the inspection.

Residents were observed meeting with their visitors, and there were no restrictions on visiting in the centre.

Residents had access to local and national newspapers and radios, televisions and independent advocacy services. One resident had completed human rights training and was appointed as an ambassador to promote human rights within the centre.

Regulation 12: Personal possessions

There were arrangements in place to ensure that residents had sufficient space to store and maintain control over their personal possessions. Each resident had lockable storage space in their bedrooms. The provider was in the process of

installing additional shelving for residents accommodated in twin-occupancy bedrooms.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors observed that residents were offered adequate quantities of meals and drinks. Evening meal choices were plentiful and appeared wholesome and nutritious. The inspectors saw that residents who required assistance were attended to in an unhurried and dignified manner.

Judgment: Compliant

Regulation 27: Infection control

Some infection control practices did not ensure full compliance with the national infection prevention and control standards, and to ensure residents were protected from the risk of infection;

- The sluice room in the Lodge did not have adequate drying facilities for equipment, and as a result, inspectors observed basins and urinals stored on top of each other.
- Some items of furniture, such as bed frames and wardrobes, were in need of repair to ensure that effective cleaning could take place.- (this is a premises issue) it can be added if the furniture was damaged and soiled.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Day-to-day fire safety arrangements in place in the House unit did not provide adequate precautions against the risk of fire, and some fire risks identified required immediate action by the provider. This was evidenced by the following fire risks:

- A linen trolley was found in a protected means of escape in the corridor in the House. This compromised the means of escape.
- The fire exit door in the communal room was obstructed by two chairs.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans was reviewed. Each resident had a person-centred care plan in place. Assessments were completed within 48 hours of admission, and all care plans were updated within a four-month period or more frequently, as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and other health and social care professionals. Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care specialists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors observed that the person in charge did not ensure that a resident with complex care needs, who frequently expressed responsive behaviours, was responded to or managed in an appropriate manner. For example, the inspectors observed that when this resident shouted for a prolonged period, they were left unattended in the communal area, alongside other residents. In the afternoon staff brought the resident into their bedroom in an effort to de escalate the behaviours and left the resident alone with the curtains pulled, in a dark bedroom, with no appropriate care or supervision.

In addition, a number of residents said that 'they cannot take it anymore because of constant loud shouting during the day and night.' When this issue was raised with the management of the centre, they acknowledged that the behaviour had worsened and recognised it as part of the residents' baseline experience. Furthermore, the staff, residents and management of the centre reported that this behaviour had persisted since December 2025. Upon review of residents' documentation, it was found that no behavioural assessment had been completed to identify potential triggers, record frequency of episodes or appropriate de-escalation techniques. As a result, there was no appropriate care plan or guidance on how to manage and respond to this behaviour and to guide staff in the safe delivery, in a manner that is not restrictive.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0049682

Date of inspection: 18/02/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider has taken the following action to strengthen Governance & Management Oversight.

The current and documented daily fire safety checks have been improved with spot checks by Centre Management and the inclusion of fire safety awareness in safety pauses [Complete, Ongoing]

The Centre's management has completed a review on how The Centre manages challenging behaviour, as a result;

1. The Provider has arranged for the engagement of a clinical behavioural psychologist to support staff in the management of challenging behaviours [Complete, ongoing]
2. A short structured debrief after any behavioural incident is in place, ensuring feedback between floor staff and management. Support is offered to all affected staff. [Ongoing]
3. Improved de-escalation training has been arranged for all staff. [Ongoing]

Centre Management engages with the Registered Provider and Group clinical supports through the Governance & Management framework, with oversight of responsive behaviour and fire safety reported on an ongoing basis as part of this structure

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Registered Provider has ensured that additional drying/storage racking will be installed in the Lodge Sluice room to ensure that equipment, including basins and urinals, are stored individually and can be effectively dried and decontaminated been uses [Completion date August 7th]

The Registered Provider has incorporated the identified bed frames and wardrobes into The Centre's ongoing refurbishment plan to include replacement and repair where possible [Ongoing, completion date 31 December].

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The linen trolley and chairs obstructing fire escape route was removed on the day of inspection and appropriate means of escape restored. [Complete]

The fire exit door in the communal area will be highlighted with signage to remind staff that this area is to be kept clear [Complete, ongoing]

As mentioned in Governance & Management, staff are reminded of the important of fire safety during safety pauses [Complete, ongoing]

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Centre Management maintains active engagement with clinical supports, including resident GPs, Psychiatry of Old Age and other available supports [Ongoing]

A review of how the Centre manages Challenging Behaviours has been completed.
- Resident behavioural assessments will focus on the antecedent behaviour and potential triggers, the resultant behaviour and the consequence of this behaviour for the resident

themselves, other residents in The Centre and staff [Ongoing].
- Continued use of assessment tools such as PINCH me, spending time with the individual resident and observing the environment will further enhance individual assessment and guide the care plan for this resident. [Ongoing]
- The resulting care plan will be continuously monitored and evaluated to include input by multi-disciplinary teams [Ongoing]
- Staff now know to include verbal as well as physical behaviours in ABC chart reporting [Complete, ongoing].

The Centre has engaged the services of a clinical behavioural psychologist to advise on how to identify triggers and appropriate de-escalation techniques to enable and support staff in the delivery of appropriate care to residents. [Complete, ongoing].

A short structured debrief after any behavioural incident is in place, ensuring feedback between floor staff and management. Support is offered to all affected staff. [Ongoing]

Improved de-escalation training has been arranged for all staff. [Ongoing]

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Substantially Compliant	Yellow	17/07/2026

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/04/2026