

Inspection Report

18 May 2023



Cumulus Heights Residential Services

Type of Service: Residential Care Home
Address: 3-5 Cumulus Heights, Ballyvange
Downpatrick, BT30 6WT
Tel no: 028 4461 7184

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Mainstay DRP Registered Person/s OR Responsible Individual Ms Paula Quigley – not registered	Registered Manager: Miss Annagh Kee - not registered
Person in charge at the time of inspection: Miss Annagh Kee	Number of registered places: 18
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 18 residents. The home is divided across two buildings on the same site. Cumulus Four has 12 beds over two floors; Cumulus Three has 6 beds. Residents have access to a lounge area and dining room in each house.	

2.0 Inspection summary

An unannounced inspection took place on 18 May 2023, from 8.15am to 15:45pm by a care Inspector.

RQIA received intelligence on 27 April 2023 which raised concerns in relation to nutrition, staffing levels, governance and activity provision in the home. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised. The concerns raised were not substantiated at this inspection.

The home was clean and there was a relaxed atmosphere. Staff were attentive to the residents' needs and interacted with the residents in a compassionate manner.

It was evident that staff promoted the dignity and well-being of residents.

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.

An area requiring improvement was identified during this inspection. Please refer to the Quality Improvement Plan (QIP) for details. Review of areas for improvement from the previous care inspection noted that three had been met, and three are carried over for review at the next inspection.

RQIA were assured that the delivery of care and service provided in Cumulus Heights was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Cumulus Heights.

The findings of this report will provide the manager with the necessary information to improve staff practice.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff.

Residents commented positively regarding the home. One resident said, "We are well looked after". Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

Staff commented positively about the home. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager.

One staff member said, “There have been a lot of positive changes, there are enough staff on duty. “Another staff member spoke of how, “The residents are well looked after, there is plenty of support and morale is better.”

Following the inspection, no additional feedback was provided by staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 2 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (c) and (g) Stated: First time	The registered person shall give notice to RQIA without delay, of the occurrence of (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (g) any allegation of misconduct by any person who works at the home.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 32 (1) (h) Stated: First time	The registered person shall give notice in writing of any proposed significant alteration to the registered premises of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: Second time	The registered person shall ensure that a full and accurate record is kept of all staff working in a 24-hour period, and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23.1 Stated: Second time	The registered person shall ensure that all bank staff complete a structured induction, and that this is recorded.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 13.9 Stated: Second time	A record is kept of all activities that take place, the person leading the activity and the residents who participate.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role, staff told us they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. However, it was identified that there were not sufficient numbers of staff, at times, on night duty trained to administer medication. In these cases, staff were used from an adjoining separate registered service to do this. This was discussed with the manager and an area for improvement was identified. RQIA received assurance following the inspection that this practice had ceased.

It was noted that there was enough staff in the home at the time of inspection 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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

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.

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.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that 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, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents spoke of how the home was kept clean and tidy.

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of regular resident's meetings which provided an opportunity for residents to comment on aspects of the running of the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, outings, and current affairs.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Annagh Kee has been the acting manager in this home since 8 March 2023.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2*	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Annagh Kee, 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 30 (1) (c) and (g) Stated: First time To be completed by: From the date of inspection	The registered person shall give notice to RQIA without delay, of the occurrence of (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (g) any allegation of misconduct by any person who works at the home. Ref 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 20(1)(a) Stated: First time To be completed by: The date of inspection	The Registered person shall ensure that all times there are suitably qualified, competent and experienced persons working in the home. This is stated in relation to sufficient numbers of staff trained in the administration of medication. Ref: 5.2.1
	Response by registered person detailing the actions taken: This regulation has been met with immediate action. There are suitably qualified members of staff allocated to medication duties. All members of staff who have not yet been medication trained are in the process of undergoing training and will receive their competencies before dealing/handling medications. Staff are reminded that they must feel confident and competent when dealing with medications.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.1 Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that all bank staff complete a structured induction, and that this is recorded. Ref: 5.1
	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 20.10 Stated: Second time To be completed by: 24 December 2022	The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home. Ref: 5.1 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.
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