

Inspection Report

2 March 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 Responsible Individual: Ms Paula Quigley – not registered	Registered Manager: Mr John Morgan- not registered
Person in charge at the time of inspection: Mrs Tina Dagens, Senior Care.	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 2 March 2023, from 9.15 am to 5.10 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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 were knowledgeable and well trained to deliver safe and effective care.

Residents indicated 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.

However; concerns were identified in relation to the management arrangements in the home; the arrangements to ensure that the use of agency staff does not prevent residents from receiving such continuity of care as is reasonable to meet their needs; that RQIA are notified of events that affect the care, health, welfare or safety of residents; and the alteration of the home's premises without consultation with or approval by RQIA.

Given these concerns, the management team were invited to attend a serious concerns meeting via teleconference on 16 March 2023. At this meeting the management team shared an action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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.

The findings of the inspection were discussed with the management team, at the conclusion of the inspection.

4.0 What people told us about the service

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 raised concerns regarding the staffing and management arrangements in the home. Specific feedback was provided to the management team for action and review, and discussed further in the body of the report.

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 24 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1)(a) Stated: First time	The registered person shall having regard to the size of the residential care home, the statement of purpose and the number and needs of residents. (a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents. This is stated in relation to supervision of residents during meal times, in line with their assessed SALT requirements.	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 23.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to fire and dysphagia training.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 25.6 Stated: First 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.	Not Met
	Action taken as confirmed during the inspection: The staff duty rota did not clearly identify the manager, or the person in charge of the home in the absence of the manager. This area for improvement is therefore not met and is stated for a second time.	
Area for improvement 3 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that all bank staff complete a structured induction, and that this is recorded.	Partially met
	Action taken as confirmed during the inspection: The induction programme for bank and agency staff had been reviewed and updated since the last care inspection. However; there was no evidence that Fire Safety, Infection Prevention and Control (IPC) measures or the home's on-call system were included in the induction programme. This area for improvement is therefore partially met and is stated for a second time.	

Area for improvement 4 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the daily menu is displayed in a suitable format in both Cumulus Three and Cumulus Four.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 6.2 Stated: First time	The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs and are regularly reviewed. This is made in regards to SALT care plans and DOL safeguards.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. This is stated in relation to the identified shower chair, and the laminate covering on kitchen cupboards.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 28.3 Stated: First time	The registered person shall ensure that substances hazardous to the health of residents, such as cleaning chemicals, are safely stored in accordance with COSHH requirements.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 8 Ref: Standard 13.4 Stated: First time	<p>The activities programme is displayed in a suitable format and location in both Cumulus Three and Cumulus Four.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 9 Ref: Standard 13.9 Stated: First time	<p>A record is kept of all activities that take place, the person leading the activity and the residents who participate.</p> <hr/> <p>Action taken as confirmed during the inspection: Progress has been made in the recording of activities in the home. There was evidence that residents had engaged in a range of individual and group activities, such as arts and crafts, board games and outings. However; records were not being maintained daily. This area for improvement was therefore partially met and is stated for a second time.</p>	
Area for improvement 10 Ref: Standard 20.10 Stated: First time	<p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: Improvements were noted as there was evidence that auditing was taking place across a range of practices. However; completed audits were not robust and did not include a clear and time bound action plan to ensure any identified deficits would be addressed. This area for improvement was therefore partially met and is stated for a second time.</p>	Partially Met

5.2 Inspection findings

5.2.1 Management Arrangements

There has been a change in the management of the home since the last inspection. Mr John Morgan had been the acting manager in the home since 24 January 2023.

On the day of inspection, RQIA were informed that Mr Morgan had resigned from his post on the 26 February 2023. Staff in the home voiced concerns over this sudden change in management and reported low morale within the team. The home's management team advised that a new acting manager had been identified but was yet to commence in their post. This is concerning as this will be the third acting manager in the home since September 2022.

The lack of stable management arrangements was discussed at the meeting with RQIA on the 16th March 2023, where the management team gave adequate assurances as to the day to day management arrangements for the home, and the support that was available to the new acting manager. On 7 March 2023, RQIA were notified that a new acting manager was now in post.

5.2.2 Staffing Arrangements

Staff raised concerns regarding a number of incidents involving agency staff which impacted the quality and safety of the care being delivered in the home. Staff advised that they had reported these concerns to management however were unsure how the concerns had been addressed. There was limited evidence that these incidents had been fully investigated or addressed by the home, or reported to relevant stakeholders, including the South Eastern Health and Social Care Trust (SEHSCT) in a timely manner.

This was discussed at the meeting with RQIA on the 16 March 2023 where the management team provided adequate assurances as to how these specific incidents had been reported to the relevant stakeholders addressed; and what systems were now in place to ensure that the use of agency staff does not prevent residents from receiving safe and effective care at all times. An area for improvement regarding the induction of agency staff was also stated for a second time.

5.2.3 Notifications

A number of incidents in the home which had an adverse effect on the care, health, welfare or safety of residents and/or any allegation of misconduct by any person who works in the home, had not been notified to RQIA.

This was discussed at the meeting with RQIA on the 16 March 2023 where the management team provided adequate assurances that notifiable events would be reported to RQIA in a timely manner. An area for improvement was identified.

5.2.4 Alteration to the registered premises

Review of the home's environment evidenced that a resident's lounge in Cumulus Four had been converted into office space; no alternative space was provided to residents regarding this loss of communal space. In addition, a staff office in Cumulus Four had been converted into a staff bedroom.

RQIA were not informed of, and have not had the opportunity to review or approve these changes to the home's registered premises. An application to vary the registration in respect of changes to the premises has now been received. This will be reviewed to ensure that the premises are still capable of meeting the statement of purpose of the home and meet the needs of residents in accordance with the premises standards outlined in the Residential Care Homes Minimum Standards (revised August 2021).

6.0 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	4*

* the total number of areas for improvement includes four standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 5.2.3
	Response by registered person detailing the actions taken: Staff reminded of the importance of promptly notifying and responding to any incidents, accidents and/or safeguarding concerns. Staff reminded to inform Manager/senior or team lead of any incidents that may occur during the day and to call on-call out of hours. Management will follow the correct policy and procedure in regards to the reporting of misconduct and will deal with such matters in a timely manner.
Area for improvement 2 Ref: Regulation 32 (1) (h) Stated: First time To be completed by: From the date of inspection	The registered person shall give notice in writing of any proposed significant alteration to the registered premises of the home. Ref: 5.2.4
	Response by registered person detailing the actions taken: (g)The registered person will ensure to give notice in writing of any proposed significant alteration to the premises in accordance with the regulations.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	

<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Mainstay adopt an efficient rota system which will clearly outline staff worked in a 24-hour period and the capacity of which they worked. The Shift Lead will be identified on the staff notice board and on the rota system. The shift lead will be clearly identified on the rota and on the notice board.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.1</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all bank staff complete a structured induction, and that this is recorded.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: All new staff members complete an induction. Actions have been taken to include Fire Safety, Infection, Prevention and Control (IPC) and the home's on call system are all addressed within the induction process.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.9</p> <p>Stated: Second time</p> <p>To be completed by: 24 December 2022</p>	<p>A record is kept of all activities that take place, the person leading the activity and the residents who participate.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Activities currently recorded in our activity book. To be used every day with updates of activities and service-users involved. Comments section to allow for description and any further comments.</p> <p>Actions taken include the implementation of an activity time table. This is currently under review to allow more active participation with residents in regards to activity planning.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: 24 December 2022</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Completed audits now have a robust structure which indicate the "actions required" and "date completed" These audits also have a signature for management to sign off once completed. The auditing process is currently under review in line with new organisational structure. Each audit will be required to be signed off by senior management.</p>
---	---

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



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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

