



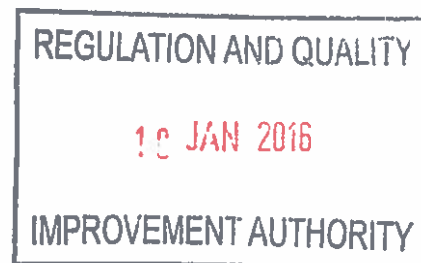
The Regulation and  
Quality Improvement  
Authority

Inspector: Alice McTavish  
Inspection ID: IN023955

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RQIA ID: 11984  
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**Unannounced Care Inspection  
of  
Cumulus Heights Residential Services**

**26 November 2015**



**The Regulation and Quality Improvement Authority**  
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## 1. Summary of inspection

An unannounced care inspection took place on 26 November 2015 from 11.00 to 14.15. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. An area for improvement was identified within the standard inspected and is set out in the Quality Improvement Plan (QIP) appended to this report; this related to the development of a policy regarding consent.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered manager Miss Laura Torney as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Mainstay DRP / Mrs Helen Taylor	<b>Registered Manager:</b> Miss Laura Torney (Registration pending)
<b>Person in charge of the home at the time of inspection:</b> Miss Laura Torney, assisted by senior residential worker Ms Monica Drake.	<b>Date manager registered:</b> Registration is pending
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 19
<b>Number of residents accommodated on day of inspection:</b> 17	<b>Weekly tariff at time of inspection:</b> £641-£1121

### 3. Inspection focus

The inspection sought to determine if the following standard had been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report, notifications of accidents and incidents, seven returned residents' views questionnaires.

We met with two residents, four care staff, the cook and the manager. We spoke with one resident's visitor/representative. No visiting professionals were present.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports and minutes of residents' meetings.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 1 October 2015. There were no requirements or recommendations from the previous inspection.

#### 5.2 Review of requirements and recommendations from the last care inspection

As above.

#### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

##### Is care safe? (Quality of life)

The manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the senior residential worker and staff members they confirmed that residents' meetings were held monthly. We inspected the minutes of these meetings and could confirm that residents' views were actively sought and any actions which may be required were appropriately noted.

##### Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

We noted that the home had policies relating to seeking residents' views of care, communication and supporting advocacy for people with learning disabilities and autistic spectrum disorders. We noted, however, that there was no policy in regard to consent. We made a recommendation in this regard.

In our discussions with the senior residential worker we identified that annual satisfaction questionnaires had been used to obtain residents' and representatives' views on the quality of care. We were advised by the manager that an independent advocate had been used to assist residents to complete the satisfaction surveys. The manager confirmed that the information obtained from residents was collated by Mainstay DRP and was used to improve services.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained a high level of detail regarding the views and preferences of the residents. This was to be commended. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought and acted upon.

In our discussions with the manager and staff we confirmed that the management of complaints was covered during staff induction and in staff training. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. The complaints policy was on display in the home; there was evidence that residents were advised during resident meetings of how to make a complaint and how they would be supported to do so. We noted that Cumulus Heights had received a number of written compliments, particularly in regard to the respite services.

### **Is care compassionate? (Quality of care)**

In our discussions with staff and with two residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

### **Areas for improvement**

There was one area of improvement identified within the standard inspected which related to the development of a policy in regard to consent.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 5.4 Additional areas examined

### 5.4.1 Residents' views

We met with two residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Seven residents' views questionnaires were completed and returned to RQIA; all questionnaires indicated that residents were satisfied that they were provided with safe, effective and compassionate care.

Some comments included:

- "It's good (living here). I'm looking forward to Christmas. The staff are going to take me shopping in Belfast or Newtownards to buy presents. We are going into the town (Downpatrick) to watch the Christmas lights being turned on and we are going for something to eat afterwards. The staff get us fish and chips on a Saturday night – I like that, it's great. They (staff) are good to me."
- "I like it here, it's very nice and they (Staff) are good to me."

### 5.4.2 Staff views

We met with five staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "Cumulus Heights is very different from the old home which was very close to the town and the residents could easily walk to the shops. We have to plan trips into the town better, but that is no great problem. The move to the new build has worked well and the residents appear to be very happy. All is going well."
- "I feel everything is going well and that the residents and staff have all made a really good transition to the new building."
- "I think the respite residents have benefitted from having more space in the new building and have noticed that tensions between some individuals have decreased as residents have more options open to them about where they spend their time. Another big positive is that respite residents can now socialise with the permanent residents in House Four. There are now more activities planned and this often means that residents are tired at the end of the day and their sleep is much better, perhaps also because they know they are in a larger complex and that there are plenty of other people around at night."
- "All is going well and that if a lot to do with the manager who is great, very enthusiastic, knowledgeable and supportive of staff, day or night!"

### 5.4.3 Resident representative's views

We met with one resident's representative who spoke positively about the care provided within Cumulus Heights.

Some comments included:

- "I am very happy with the way (my relative) is looked after. The staff keep in good touch with me about any changes I (my relative's) health or welfare. They treat (my relative) very well, they know (my relative's) needs and her behaviours and are able to manage well. If there was anything I wanted to suggest about how things should be done differently, the staff are very willing to discuss these with me and anything that needs to be changed is done quickly. I am in and out of here several times every week and have never seen or heard anything that would give me cause for concern. The interactions between residents and staff are very warm."

### 5.4.4 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 2 x senior residential workers
- 2 x residential workers
- 4 x assistant residential workers
- 1 x cook
- 2 x kitchen assistants
- 1 x maintenance staff

One senior residential worker, two residential workers and four assistant residential workers were scheduled to be on duty later in the day. Two residential workers and three assistant residential workers were scheduled to be on overnight duty. The manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### 5.5.5 Environment

The home was found to be clean and tidy. Décor and furnishings were of a very high standard.

### 5.5.6 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### 5.5.7 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager Miss Laura Torney as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>	The registered manager should ensure that a policy document with regard to consent is developed.		
Ref: Standard 21.1	<b>Response by Registered Person(s) detailing the actions taken:</b>		
Stated: First time	<i>In process</i>		
To be completed by: 31 March 2016			
<b>Registered Manager completing QIP</b>	<i>Jawra</i>	<b>Date completed</b>	15-1-2016
<b>Registered Person approving QIP</b>	<i>Frances Taylor</i>	<b>Date approved</b>	15/1/16
<b>RQIA Inspector assessing response</b>	<i>Alice McGawick</i>	<b>Date approved</b>	18/1/16

*\*Please ensure this document is completed in full and returned to [care.team@rgia.org.uk](mailto:care.team@rgia.org.uk) from the authorised email address\**