

# Inspection Report

4 January 2024



## Cumulus Heights Residential Services

Type of Service: Residential Care Home

Address: 3-5 Cumulus Heights, Ballyvange,  
Downpatrick, BT30 6WT

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[www.rqia.org.uk](http://www.rqia.org.uk)

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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

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual:</b> Dr Patrick Moore – not registered	<b>Registered Manager:</b> Miss Annagh Kee – not registered
<b>Person in charge at the time of inspection:</b> Mrs Tina Dagens - Senior Support Worker	<b>Number of registered places:</b> 18
<b>Categories of care:</b>  Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b>  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 4 January 2024, from 10.00 am to 3.30pm 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

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.

One new area requiring improvement was identified. Two areas for improvement were stated for a second time. Please refer to the Quality Improvement Plan (QIP) for details.

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 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 Mrs Tina Dagens, Senior Residential Worker at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents commented positively regarding the home. One resident said, "I am happy here". Residents who were unable to voice their opinions, gave positive gestures such as the thumbs up, and were well presented and appeared to be relaxed in their interactions with staff.

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

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

Following the inspection, no additional feedback was provided by staff via the on-line staff survey. Returned questionnaires from residents indicated a high degree of satisfaction with the care and services provided in the home.

## 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 20 <sup>th</sup> October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (c) and (g)  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time	The registered person shall ensure that the plaster on the walls in the downstairs corridors in Cumulus 4 are repaired and painted.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. Please refer to section 5.2.3 for more detail.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	The registered person shall ensure that all staff participate in a fire drill once a year, and a record is kept of action taken or deficits identified.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. Please refer to section 5.2.3 for more details.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8 and 22  <b>Stated:</b> First time	The registered person shall ensure that separate records are kept for Cumulus Heights Residential Home, supported housing and day-care registrations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met	

## 5.2 Inspection findings

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were 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.

There was evidence of regular fire drills being carried out in the home. Records kept of these drills however did not contain sufficient detail of the staff who attended, and the actions taken. An area for improvement was stated for a second time.

Some items were being stored in the stairwell in Cumulus 4. This was brought to the staff's attention, and removed on the day of inspection.

In Cumulus 4, work is still continuing in relation to the integrity of some of the internal walls in the downstairs corridors, and ongoing investigative work. An area for improvement was stated for a second time.

An area of flooring in Cumulus 4 outside the kitchen appeared worn, and required maintenance or replacement. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### 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.

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, musical activities and outings.

#### 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 (December 2022) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	2*

\* the total number of areas for improvement includes two that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tina Dagens, Senior Residential Worker, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 June 2024	<p>The registered person shall ensure that the plaster on the walls in the downstairs corridors in Cumulus 4 are repaired and painted.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Mainstay have taken remedial action to address the damp issues to date. Damp testing is scheduled with contractors and redecoration works to be organised after damp tests results are concluded. Mainstay DRP will keep RQIA notified and up to date with the progress of the works.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 4 January 2024	<p>The registered person shall ensure that all staff participate in a fire drill once a year, and a record is kept of action taken or deficits identified.</p> <p>Ref: 5.1&amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  During the induction process, staff will be involved in a fire evacuation, shown the processes, and experiencing the fire drill first hand during the induction period.  Also, at team meetings, the management team may take this opportunity to undergo fire drills to oversee the process. Staff are</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2024	<p>The registered person shall ensure the identified area of flooring in Cumulus 4, is repaired or replaced.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Mainstay DRP will undergo a plan to repair the flooring in the identified areas outlined by the insepctor at time of inspection.</p>

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



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