

Inspection Report

Name of Service: Cumulus Heights Residential Services

Provider: Mainstay DRP

Date of Inspection: e6 March 2025

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:	Dr Patrick Moore
Registered Manager:	Mr. John Millar – not registered
Service Profile – This home is a registered Residential Care Home which provides health and social care for up to 18 residents living with a learning disability. 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 6 March 2025, between 10.00am and 4.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Residents who were less well able to share their views gave positive gestures, such as the thumbs up and were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "I am well cared for." Another resident said, "The staff are good, I have no complaints."

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.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Review of mandatory training highlighted that fire training and safety intervention training was out of date for some staff. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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 and their diet modified.

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

The pictorial activity planners in both Cumulus Three and Four were not being kept up to date with the scheduled programme of events. An area for improvement was identified.

3.3.3 Management of Care Records

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The laundry in both Cumulus Three and Four were unlocked. There was a risk assessment in place to ensure this practice was safe for residents, but it had not been regularly reviewed. The need for this risk assessment to be updated was discussed with the manager.

A resident's lounge in Cumulus Four was being used for staff for sleep-in duty. A settee/ camp bed was being used for this purpose. This change of purpose of a registered lounge for residents had not been reviewed by RQIA. RQIA were informed on 10 March 2025 that the residents lounge was no longer being used for its purpose. RQIA have since received a variation application to use another room within the home for staff to use as a sleep-in room. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr John Millar has been the manager in this home since 8 May 2024, and has submitted an application to be the registered manager of the home.

Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Millar, 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 32 (1) (h) Stated: First time To be completed by: 6 March 2025	<p>The Registered Person shall give notice in writing of any proposed significant alteration to the registered premises of the home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This work was completed on Monday 9th March. The C4 office is now a sleep in room and variation forwarded to RQIA. Pictures of the completed work have also been forwarded to the inspector.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 1 April 2025	<p>The Registered Person shall ensure that mandatory training is kept up to date. This is stated in relation to safety intervention and fire training.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff are scheduled to complete week long, face to face training throughout the year. This training occurs for one full week every month. Those staff whose training is out of date have been prioritised and will attend the training sessions starting Monday 14th April and Monday 12th of May. Staff will then all be in date regarding safety intervention and fire training.</p>
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 1 April 2025	<p>The Registered Person shall ensure that the programme of events is kept up to date and displayed in a suitable format and location.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Systems have been put in place to ensure that the pictorial activity notice boards will be kept up to date to align with the scheduled plan of events. Weekly to do's have been added to the staff duty list regarding this and all staff were sent a group message to reenforce this. The inspection report will be raised at the next team meeting with all areas of improvement discussed.</p>

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