

Inspection Report

24 November 2022



Cumulus Heights Residential Services

Type of Service: Residential Care Home
Address: 3-5 Cumulus Heights, Ballyvange,
Downpatrick, BT30 6WT
Tel no: 028 44 617184

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: Dr Patrick Moore - not registered	Registered Manager: Mr Gareth Baker- not registered
Person in charge at the time of inspection: Mr Gareth Baker	Number of registered places: 24
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 24 residents. The home is divided across three buildings on the same site. Cumulus Four has 12 beds over two floors; Cumulus Three has 6 beds and Cumulus Five has 6 beds. Residents have access to a lounge and dining room in each house.	

2.0 Inspection summary

An unannounced inspection took place on 24 November 2022, from 9.50 am to 5 pm by a care inspector.

This inspection focused on Cumulus Three and Cumulus Four only as the home have submitted an application to RQIA to deregister Cumulus Five from their registration.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

Both houses were clean and there was a relaxed atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. 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.

Whilst it was found that there was safe, effective and compassionate care delivered in the homes, concerns were identified in regard to staffing levels at mealtimes in Cumulus Four, and in meeting Speech and Language Therapy (SALT) assessments for residents. The management team were invited to a meeting with RQIA on 8 December 2022 via

teleconference, to discuss how identified deficits were to be addressed. An action plan was submitted to RQIA prior to this meeting, and further discussion provided RQIA with adequate assurances that the identified issues were being addressed by the home.

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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 these homes. 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 homes 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 Mr Gareth Baker, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively about the home. One resident said she "Feels well looked after, I feel safe and I am very happy here." Another resident commented on how "I love it here, the staff are good."

Staff told us they were happy working in the homes, but two staff voiced concerns over staffing levels in Cumulus Four over mealtimes. This was discussed with the manager during feedback and additional assurances received from the management team at the meeting with RQIA on the 8 December 2022.

Following the inspection, one staff member responded to the on-line staff survey. They indicated dissatisfaction with management and with staffing levels. This feedback was shared with the management team for action and review.

No additional feedback or comments were provided by residents or relatives following the inspection.

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 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2)(d) Stated: First Time	The registered person shall ensure that the plaster on the walls in the upstairs and downstairs corridors, and in the toilets of Cumulus 2 are repaired and painted.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Review of training records established that a number of staff were yet to complete required fire safety and dysphagia training. This was highlighted to the manager for action and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. 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.

The staff duty rota did not identify the person in charge of the home, nor the role of staff members. The rota also did not include hours worked by some bank staff. This was discussed with the manager and an area for improvement was identified.

There was no record of induction for bank staff working in the home. An area for improvement was identified.

Two staff expressed concerns regarding staffing levels at mealtimes, especially breakfast and dinner time in Cumulus Four. This was in relation to meeting resident's individual SALT requirements. This was discussed with management during feedback and at the meeting with RQIA on the 8 December 2022. At this meeting, management had reviewed staffing levels and presented an action plan to ensure adequate staffing arrangements were in place. An area for improvement was also identified to ensure safe staffing levels are reviewed and sustained.

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. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

No daily menu boards were on display to show what meal choices were available for residents in each house. This was discussed with the manager and an area for improvement was identified.

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, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their lunch and their dining experience.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were updated to ensure residents received the right diet.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

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.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

However; there was limited evidence that care plans were routinely reviewed by staff. Care plans lacked sufficient detail regarding residents SALT requirements and Deprivation of Liberty Safeguards (DOLS). Specific details were shared with the manager and an area for improvement was identified.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. There were 'homely' touches such as artwork, crafts and pictures that were on display throughout each house.

Some environmental issues were observed. For example, one shower chair was rusty and therefore could not be effectively cleaned. Laminate covering on cupboards in the kitchens were damaged, preventing effective cleaning. Thickening agent and cleaning chemicals were found in an unlocked cupboard in a downstairs room. This was brought to the immediate attention of staff who ensured these items were stored correctly. Full details were shared with the manager during feedback and two areas for improvement were identified.

Resident's 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.

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.

Review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

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

There was a homely atmosphere in each house during the inspection.

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.

The home has resident meetings which provide an opportunity for residents to comment on aspects of the running of the home. The home helps produce a newsletter that is circulated to relatives.

There was no activities planner on display for residents in either house, and the recording of activities being carried out was limited. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Gareth Baker has been the manager in the home from the 26 September 2022.

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.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

There was no written evidence available to confirm that a range of audits was being carried out to monitor the quality of care and other services provided to residents on a regular basis. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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	1	10

Areas for improvement and details of the Quality Improvement Plan were discussed with Gareth Baker, 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 20 (1)(a) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall have regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Additional staff in place Monday-Friday for breakfast and evening meal. Not required at lunch or weekends due to change in routines and expectations on staff. Protocol put in place if there are only 2 staff available whereby staff must facilitate 2 meal times rather than one. Either scenario allows for there to be one staff member free to deal with other needs in the home not in relation to SALT recommendations.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 1 February 2023	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to fire and dysphagia training. Ref: 5.2.1
	Response by registered person detailing the actions taken: All Swallowing and Dysphagia and Fire Awareness Training is now up to date.
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Rota template altered to reflect the grades of staff as well as staff from other services
Area for improvement 3 Ref: Standard 23.1 Stated: First 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: 5.2.1
	Response by registered person detailing the actions taken: Micro-induction template created for staff brought in from other areas of the organisation along with a short care plan on each service user that can be used for this induction.
Area for improvement 4 Ref: Standard 12.4 Stated: First time To be completed by: From the date of inspection.	The registered person shall ensure the daily menu is displayed in a suitable format in both Cumulus Three and Cumulus Four. Ref: 5.2.2
	Response by registered person detailing the actions taken: Visual display of meals and choices has now been created so that it is suitable for all service users.

<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans are now equal in content in relation to SALT plans and DOL safeguards.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A new kitchen have been ordered after our own procurement process was followed. Installation date still to be confirmed. The shower chair has been removed and replaced. Mangers Audit Toolkit which is completed on a monthly basis will consist of an an assessment of the environment</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Managers Audit Toolkit which is completed on a monthly basis will consist of an assessment of the environment. Ensuring chemicals are locked away securely in all areas of the home</p>

Area for improvement 8 Ref: Standard 13.4 Stated: First time To be completed by: 24 December 2022	The activities programme is displayed in a suitable format and location in both Cumulus Three and Cumulus Four. Ref: 5.2.4 Response by registered person detailing the actions taken: Visual display of activities and choices has now been created so that it is suitable for all service users.
Area for improvement 9 Ref: Standard 13.9 Stated: First time To be completed by: 24 December 2022	A record is kept of all activities that take place, the person leading the activity and the residents who participate. Ref: 5.2.4 Response by registered person detailing the actions taken: A book created to record activities and maintained to assure the quality of services in the home
Area for improvement 10 Ref: Standard 20.10 Stated: First 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: 5.2.5 Response by registered person detailing the actions taken: Manager Audit Toolkit created with an action plan section that will be completed by the registered manager on a monthly basis. This exists as well as other auditing tools that were in place at the time of the inspection.

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