



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report

7 February 2017



Cumulus Heights Residential Services

Type of Service: Residential Care Home

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

Tel no: 028 4461 7184

Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cumulus Heights Residential Services took place on 7 February 2017 from 10.00 to 16.35. On this occasion the inspector was accompanied by Mr Gerry McCurdy, RQIA board member, in order to observe the process of inspection.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Three recommendations were made. These were in regard to staff training records, to the environment and to the management of foodstuffs.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Laura Torney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 August 2016.

2.0 Service details

Registered organisation/registered person: Mainstay DRP/Helen Owens	Registered manager: Ms Laura Torney
Person in charge of the home at the time of inspection: Ms Laura Torney	Date manager registered: 22 October 2015
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 24

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The report and QIP from the last care inspection
- Notifications of accidents and incidents

During the inspection the inspector met with six residents, two care staff, one resident's representative and the registered manager. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules

- Staff training schedule/records
- Staff recruitment file
- Care records of three residents
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 August 2017

Last care inspection recommendations	Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: First time To be completed by: 30 November 2016	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • the adult safeguarding policy and procedure is reviewed and implementation in line with current regional guidance • a separate policy and procedure on infection prevention and control is developed in line with regional guidelines <p>Met</p>

	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of policies and procedures confirmed that these were reviewed and developed accordingly.	
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4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. It was noted that the records relating to fire safety training were not always accurately maintained. A recommendation was made in this regard and advice was given on how to improve the method of recording training.

The registered manager advised that Mainstay DRP was actively moving towards using Management of Actual or potential Aggression (MAPA) as the preferred approach for managing behaviours which challenge. It was confirmed that training was planned for all staff in April 2017.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the last carte inspection and were found to be satisfactory.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that this policy and procedure remained unchanged. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Mainstay DRP's Human Resources Department kept records of when

registration was due for renewal and individual staff members were reminded when annual fees were due. Registration was also discussed during staff supervision.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). This policy and procedure remained unchanged.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems in some areas of the home. External doors were locked for security. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Where behaviour management plans were used, these were devised by specialist behaviour management teams from the trust and regularly updated and reviewed as necessary. The registered manager confirmed that if individual restraint was to be employed, the appropriate persons/bodies were to be informed.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through inspection of equipment and of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been one suspected outbreak of infection within the last year and this had been managed in accordance with the home's policy and procedures. The suspected outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. It was noted that the use by date on some foodstuffs in a fridge had expired. The registered manager advised that the food may have been frozen, placed in the fridge to defrost and was for use later that day. As it could not be accurately established whether the food was safe to eat, it was disposed of. It was recommended that a more robust system is devised for tracking when and how food was stored, when it was defrosted and when it was to be used.

The residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept safe and suitable for and accessible to residents, staff and visitors. It was noted, however, that where residents smoked outside the building, cigarette butts were strewn on the ground. A recommendation was made that suitable waste receptacles should be provided. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 15 December 2016 and no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Six completed questionnaires were returned to RQIA from a resident, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident's representative was as follows:

- "Service users would not be able to relate to staff if they were unhappy, could not verbally explain how they feel."

Areas for improvement

Three areas for improvement were identified. A recommendation was made in relation to the accurate maintenance of fire safety training records. A recommendation was made in relation to a system for tracking when and how food was stored, when food was defrosted and when it was to be used. A recommendation was made in relation to the provision of suitable receptacles for the use of residents who smoked outside the building.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents, complaints, environment, meals and nutrition and social inclusion were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. For those residents who were accommodated for short respite breaks, a two way diary was used to enhance communication between residents' families and staff; staff continued to provide a courtesy telephone call to families in advance of respite care. This helped to ensure effective communication and to maintain good uptake of the short break service. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key

stakeholders. The registered manager advised that resident and/or their representative meetings were held quarterly.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Six completed questionnaires were returned to RQIA from a resident, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a staff member was as follows:

- "I feel the quality of care is at an extremely high level."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and a resident's representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Residents were encouraged to discuss issues which affected them with staff during residents' meetings.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings and the participation of residents in the annual review of care. Residents were also consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection, several residents were assisted by staff to go on an outing. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

A resident's representative spoken with during the inspection made the following comment:

- "I am very happy with the care given to (my relative). The staff keep me informed about how my (relative) is doing. I find the staff to be very caring and supportive both to my (relative) and to me. The staff are approachable and I have no complaints – and if I did have any complaints, I know to go to the deputy manager or to the manager. My (relative) is always out and about, on trips and outings and has a much better social life than I do!"

Six completed questionnaires were returned to RQIA from a resident, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- "All staff are good."

A comment received from a staff member was as follows:

- "All residents have choice in their care. Independence is always promoted and human rights respected."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Residents were also given the opportunity to raise any complaints or issues during residents' meetings. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken; learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example in diabetes care. There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager was in the process of undertaking QCF level 7 qualification in management and the deputy manager was completing QCF level 5 in management and leadership in residential care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from a resident, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

A comment received from a staff member was as follows:

- “The senior residential worker is very approachable and will always try to accommodate the needs of staff.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Laura Torney, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 23.6 Stated: First time To be completed by: 7 April 2017	The registered provider should ensure the records relating to fire safety training are accurately maintained. Response by registered provider detailing the actions taken: Recording of 6 monthly fire training carried out at staff meetings will now be entered on training records
Recommendation 2 Ref: Standard 20.10 Stated: First time To be completed by: 7 April 2017	The registered provider should ensure that a more robust system is devised for tracking when and how food is stored, when it is defrosted and when it is to be used. Response by registered provider detailing the actions taken: New system being developed
Recommendation 3 Ref: Standard 27.1 Stated: First time To be completed by: 7 April 2017	The registered provider should ensure that suitable waste receptacles are provided for use by residents who smoke outside the building. Response by registered provider detailing the actions taken: In place

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