

Unannounced Care Inspection Report 12 December 2020



Cumulus Heights Residential Services

Type of Service: Residential Care Home
**Address: 3-5 Cumulus Heights, Ballyvange,
Downpatrick, Downpatrick**
Tel no: 028 4461 7184
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 24 residents.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP Responsible Individual(s): Helen Owen	Registered Manager and date registered: Monica Starkey, acting
Person in charge at the time of inspection: Monica Starkey	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 home on the day of this inspection: 16

4.0 Inspection summary

This unannounced care inspection took place on 12 December 2020 from 11.25 to 15.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Infection Prevention and Control (IPC) measures
- the home's environment
- care delivery
- staffing
- recording of care
- management and governance arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Monica Starkey, manager and Kelly McCreesh, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous medicines management inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. No responses were received at the time of writing this report.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line; please see section 6.2.4 for further information.

The following records were examined during the inspection:

- staff duty rota from 29 November 2020 to 26 December 2020
- one staff induction and training record
- activities folder
- care records for four residents
- a sample of governance records including audits
- a sample of fire safety records
- accident and incidents records
- complaints and compliments records
- monthly monitoring reports dated 21 September 2020, 14 October 2020 and 18 November 2020.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 January 2020.

There were no areas for improvement identified as a result of the last inspection.

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) measures

On arrival to the home, staff ensured we washed our hands and recorded our temperature, in line with current COVID-19 guidance. Similar checks and weekly testing was also in place for residents and staff.

The manager described how they had used social story work with residents to help them better understand the need for IPC measures and reduce any anxiety or distress about current restrictions and the change in staff's appearance. We spoke with several residents who told us that they missed their family or their usual routine, but understand that staff were keeping them safe.

Staff wore face masks and Personal Protective Equipment (PPE) as required. Management continue to risk assess the use of additional PPE, when social distancing cannot be effectively maintained. There were ample supplies of PPE and changing stations throughout the home. Clinical waste bags were made available during the inspection.

We observed staff maintaining and encouraging good hand hygiene during the inspection. We asked the manager to remind staff to remove jewellery, such as watches and bracelets, when working in the home. This is best practise in accordance with the Northern Ireland Regional Infection Prevention and Control Manual.

Robust admission arrangements were in place to enable the home to reopen and continue to offer their respite service. This included excellent use of social distancing and thorough risk assessments to ensure respite places were prioritised based on need.

6.2.2 The home's environment

The home was clean and tidy and had been decorated for Christmas. Residents showed us decorations they had made during arts and crafts sessions which contributed to the homely atmosphere.

Bedrooms were furnished to reflect the personality and interests of the residents. Written and visual signage and information was on display regarding resident's routines; we discussed with the manager IPC best practice regarding laminating such documentation to ensure it can be more effectively cleaned. The manager agreed to review this.

Some walls in hallways were showing signs of wear and tear therefore we were pleased to see that the home was in the process of being repainted and decorated. Two communal bathrooms were currently being used for storage while this work was underway. One kitchen was being refurbished to increase facilities for residents using the respite service. Discussion with the manager during and after the inspection confirmed this was risk assessed and managed to minimise any potential risk to residents.

6.2.3 Care delivery

There was a happy and content atmosphere in the home throughout the inspection. Residents were listening to Christmas music and enjoying a leisurely breakfast or a lie in when we arrived.

Residents looked well cared for, and had been supported by staff to maintain their personal care to a high standard. One resident showed off their Christmas themed dress; another resident was choosing what colour to dye her hair before getting a blow dry from staff and another resident was looking forward to a manicure.

There were friendly, cheerful and relaxed interactions between residents and staff. Staff used a range of communication styles with residents, depending on their needs, to good effect. Staff clearly understood and promptly responded to resident's expressing any pain or discomfort.

Residents were offered choice throughout the day, including what and when to eat and how they spent their time. Residents engaged in a range of activities, depending on their interests. These included reading magazines, watching T.V., listening to music, completing a jigsaw puzzle or arts and crafts. Later in the afternoon, several residents enjoyed watching a Christmas film with an Irish coffee. Several residents talked about looking forward to their weekend routine of a takeaway and watching Strictly Come Dancing later in the evening.

Staff in the home had been creative and flexible in adapting the activities available in the home, in line with current COVID-19 restrictions. One excellent example of this was the home's annual formal, which usually takes place in a local hotel. Instead, the formal was held in the home; residents dressed up and enjoyed music, cocktails and dancing. Photographs from the night were displayed in the home, and residents excitedly told us how much they had enjoyed it. Other successful activities included afternoon teas, karaoke, drive through cinema, discos, a 'Stars in Their Eyes' night and the Halloween party. This is good practice and is to be commended.

Visiting arrangements were in place to support residents to maintain contact with their relatives during COVID-19 restrictions. This was assessed and adapted depending on the needs and preferences of residents and their families. The home is investing in a visiting pond and sensory garden to increase opportunities for residents to have contact with their families, and increase social and leisure activities such as gardening.

6.2.4 Staffing

Observation of practice and discussion with staff and residents confirmed staffing levels were sufficient to meet the needs of the residents.

A sample of staff training and induction records were reviewed and found to be satisfactory. Management maintained robust oversight of staff's professional registration with NISCC.

We spoke with 5 staff during the inspection. All were positive about their experiences working in the home and stated that they felt residents were well looked after and happy. Discussion with staff confirmed they knew and understood resident's individual needs, preferences and personalities well. Comments included:

- "Residents have everything they need and are very happy."
- "Monica (manager) and Kelly (deputy manager) are brilliant and have been fantastic through the whole thing (COVID-19)."

There were three staff responses to the online questionnaire. Two staff were very satisfied and one staff very unsatisfied that the care in the home is safe, compassionate, effective and that the service was well led. No specific comments were made. This feedback was shared with the manager for review and action as required.

6.2.5 Recording of care

Care records were comprehensive and holistic. A range of risk assessments and care plans were in place regarding resident's physical and mental health needs. One care plan provided additional detail regarding the symptoms of one resident's health condition; this was immediately rectified by the manager during the inspection.

There was a good level of individualised detail on resident's needs and preferences, including daily routines, communication, social and emotional needs.

Care records evidenced that regular communication was maintained with resident's relatives and other care professionals. For instance, any changes or concerns regarding resident's dietary and nutritional needs, including weight management, were monitored and escalated to dietitians or Speech and Language Therapists as required.

Annual care reviews were completed and retained in care files. Documentation and information relating to any resident subject to a Deprivation of Liberty Safeguard (DoLS) were also retained in the home.

6.2.6 Management and governance arrangements

The manager confirmed they had now completed their Level 5 QCF management qualification for adult residential care and they will progress with their application to become the registered manager of the home with RQIA.

Staff described management as approachable, supportive and 'hands on'. Residents were clearly comfortable and familiar with the manager, as evidenced through their friendly and relaxed interactions throughout the inspection.

Robust governance arrangements were in place, including a monthly management tool checklist and audit 'packs' for senior care staff. Review of completed audits evidenced a systematic and thorough audit programme was used to monitor and continually improve the service and care delivery in the home. Residents' feedback was also sought and recorded within relevant audits.

Monthly monitoring reports were comprehensive and included clear action plans to address any identified issues. There was robust evidence that any issues were monitored and addressed by the manager in a timely way.

Accidents and incidents records were maintained and confirmed that appropriate action was taken by staff in the home when required.

Review of complaints records confirmed these were managed appropriately and learning shared to drive quality improvement in the home.

Compliments and thank you cards were retained and shared in the home. Comments included:

- “I’m very impressed with the staff’s hard work and dedication to resident’s mental health and the fantastic initiative of the formal. Staff go the extra mile.”
- “Thank you for your attention and diligence. I know (my relative) is safe and content during an extremely difficult period.”
- “The level of care provided is indescribable.”
- “(Staff are providing) Optimum care in unprecedented times.”

Areas of good practice

Areas of good practice were identified in relation to staffing, care delivery and management and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents looked well cared for and told us they liked living in the home.

Care was delivered in a timely way by staff who knew the residents well. There were friendly, cheerful and positive interactions between residents, staff and management throughout the inspection.

There were excellent arrangements in place regarding therapeutic social and leisure activities, despite the current restrictions due to COVID-19.

Management and governance arrangements were robust.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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