

Inspection Report

14 September 2023



Cumulus Heights Residential Services

Type of Service: Residential Care Home
Address: 3-5 Cumulus Heights, Ballyvange,
Downpatrick, BT30 6WT
Tel no: 028 4461 7184

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: Miss Annagh Kee – not registered
Person in charge at the time of inspection: Miss Annagh Kee - Manager	Number of registered places: 18
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: 17
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 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 14 September 2023, from 10:10am to 5:15pm 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.

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

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.

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.

4.0 What people told us about the service

Residents commented positively regarding the home. One resident said, "I am well looked after". Residents who were unable to clearly verbally communicate 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, or from residents or relatives via the questionnaires provided.

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 18 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (c) and (g) Stated: First time	<p>The registered person shall give notice to RQIA without delay, of the occurrence of</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>(g) any allegation of misconduct by any person who works at the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that all times there are suitably qualified, competent and experienced persons working in the home. This is stated in relation to sufficient numbers of staff trained in the administration of medication.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: Second time	<p>The registered person shall ensure that all bank staff complete a structured induction, and that this is recorded.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 2 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that 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.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

There was records of ongoing staff meetings in the home. There was no evidence however that those staff who did not attend the meetings had signed the meeting minutes. This was discussed with the manager who agreed to address this.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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.

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 meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, there was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

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.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs. 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 were detailed and contained specific information on each residents' 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.

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

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 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. 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 identified.

Some environmental issues were identified requiring attention. For example, a broken drawer in a downstairs lounge, and the metal plates on the dining room door needed repair/replacing. A domestic store downstairs required to be tidied. These issues were discussed with the manager and confirmation was received post inspection that all necessary actions had been completed.

Areas within the home were identified as requiring maintenance. An issue was identified in Cumulus 4 in relation to the integrity of some of the internal walls in the downstairs corridors. Investigative work into this has resulted in a downstairs toilet having a small hole in the floor behind the toilet being created. This ongoing work was discussed with the manager and 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

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 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

Observation of residents confirmed that they were able to choose how they spent their day. For example, residents could spend time in their room or the communal lounges.

The home held regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

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 movies, walks, and Karaoke.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Annagh Kee has been the manager in this home since 8 March 2023.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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. A senior manager in the service was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

A number of electronic records for the residential home, were merged with the records for the supported housing and day-care services. These records include detail of accidents and incidents and care records. Sharing of care records across registrations would not be seen as good practice in relation to the General Data Protection Register (GDPR). An area for improvement was identified in relation to management of records for three different registered services.

There was a system in place to manage complaints.

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

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.

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
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one under regulation, which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Annagh Kee, 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 30 (1) (c) and (g) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall give notice to RQIA without delay, of the occurrence of</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>(g) any allegation of misconduct by any person who works at the home.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 18 December 2023	<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 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Mainstay has taken steps to identify the cause of the damage and is currently addressing the repair work.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)	
Area for improvement 1 Ref: Standard 29.6 Stated: First time To be completed by: From the date of inspection	<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: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Each fire testing point in Cumulus 3 and Cumulus 4 has now been clearly identified by numbers to ensure that a different point is being tested each month. A reminder to prompt staff has been added to the "to-do" each month which guides staff in their logging of the fire drill. The log prompts staff to include the details of the fire drill, staff and service-users in attendance, (roll call) which fire test point was triggered, and any other notes of the outcome of the fire drill. There is now a</p>

	list of each member of staff within the fire files in both Cumulus 3 and Cumulus 4 for staff to also tick off when they took part in an evacuation. This will ensure that it is clearly recognisable which staff members took part in a monthly evacuation.
Area for improvement 2 Ref: Standard 8 and 22 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that separate records are kept for Cumulus Heights Residential Home, supported housing and day-care registrations. Ref: 5.2.5
	Response by registered person detailing the actions taken: Residential staff have full access to the notes and records applicable to the service. Staff from other services are now removed and will be added in on a need to basis; in the event that cover is required from other services. The staff can easily be removed after cover has been provided. Members of the leadership team have access to the records across all the services due to the nature of the on-call services.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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