

Inspection Report

24 September 2021



Cumulus Heights Residential Services

Type of service: Residential (RC)
**Address: 3-5 Cumulus Heights,
Ballyvange, Downpatrick, County Down**
Telephone number: 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: Mainstay DRP Responsible Individual Mr. Patrick Moore –Registration pending	Registered Manager: Mrs Monica Starkey- Registration pending.
Person in charge at the time of inspection: Mrs 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 care home on the day of this inspection 13
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 into three units over three buildings. Culmulus Four has 12 beds over two floors, Culumus Three has 6 beds and Culumus Five has 6 beds.	

2.0 Inspection summary

An unannounced inspection took place on 24 September 2021 from 9.45 am to 4.00pm by a care Inspector.

The inspection determined 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.

One area requiring improvement was identified in respect of repairing plaster on the walls in corridors and toilets.

The home was clean and there was a homely 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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Monica Starkey, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Seven residents, one relative and three staff were spoken with. Residents commented positively about the home. One resident said she "loved living here". Another resident commented on how "the staff are kind, I like living here".

Eight resident questionnaires were received. These indicated that the residents felt the staff were kind, that they felt safe, that the care was good and that the home was well organised.

The relative spoken with spoke of "the good communication between the unit and them and how they were totally happy with the care".

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. One staff member spoke of how "I love coming to work, the morale is good, we all get on as a family".

No comments were received from staff via the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

The last inspection to Cumulus Heights Residential Services was undertaken on 12 December 2020 by a care inspector. No areas for improvement were identified during this inspection.

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.

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

A relative told us "I am happy with the staffing; there is good stability with the care".

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.

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 for residents to socialise and the dining room atmosphere was calm, relaxed and unhurried with staff supporting residents correctly. It was observed that residents were enjoying their meal and their dining experience. Staff were knowledgeable of clients needs.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Staff spoke of how the "care is based around the residents, the resident chooses what they want, it is resident based care".

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 and generally well maintained. Two areas within the home were identified as requiring maintenance. An issue was identified in Cumulus 2 in relation to the integrity of the walls in the upstairs and downstairs corridors, and in downstairs toilets. This was discussed with the Manager and was an ongoing issue in the unit which required to be completed. This was identified as an area for improvement.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable.

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 that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

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 and celebrated their birthdays by having a party with other residents or family.

There were regular resident meetings where residents had a chance to talk about their experience of living in the home.

It was observed that 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.

There was a range of activities provided for residents by staff. The range of activities include day trips, group activities such as “bake offs”, art and craft activities, Karaoke and bowling. An activity board in the kitchen area had pictures of activities the residents had participated in. Textiles craft activities were on display in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

A resident’s relative told us “I am very happy with the care, the staff know the residents needs and I am happy with the staffing levels”.

5.2.5 Management and Governance Arrangements

Mrs Monica Starkey has applied to register with RQIA as Manager of the home.

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.

Review of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

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

Staff commented positively about the Manager and described her as supportive, and always available for guidance. One staff member spoke of the Manager as "approachable and flexible".

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider/a representative of the registered provider (delete as appropriate) 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 reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. The delivery of care was caring and compassionate.

Based on the inspection findings one area for improvement was identified. This was in relation to repairing the plaster in the corridors and toilets. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager. Addressing this area for improvement will further enhance this.

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**

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Monica Starkey 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 27 (2)(d) Stated: First Time To be completed by: 28 February 2022	<p>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.</p> <p>Response by registered person detailing the actions taken: We are having ongoing discussion with the builder to rectify this problem. Paula Quigley CEO is meeting the the builder and architect on the 17th December 2021. Following this meeting we will be in a better position to advise on a time scale to complete repairs.</p>

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