



The **Regulation** and  
**Quality Improvement**  
Authority

# **Unannounced Care Inspection Report**

## **25 June 2019**



## **Cumulus Heights Residential Services**

**Type of Service: Residential Care Home**

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

**Tel No: 028 4461 7184**

**Inspector Patricia Galbraith**

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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 registered residential care home which provides care for up to 24 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual:</b> Helen Owen	<b>Registered Manager and date registered:</b> Laura Torney
<b>Person in charge at the time of inspection:</b> Monica Starkey Deputy Manager	<b>Number of registered places:</b> 24
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65	<b>Total number of residents in the residential care home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 25 June 2019 from 07.20 hours to 14.30 hours

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, care records, audits and reviews, listening to and valuing residents, governance arrangements, quality improvement and maintaining good working relationships.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Monica Starkey, 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.

#### **4.2 Action/enforcement taken following the most recent inspection dated 18 October 2018**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 June 2019 to 30 June 2019
- staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection**

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

### **6.2 Inspection findings**

#### **6.3 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home although the home employed a small number of bank staff. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. The duty rota was looked at and it accurately reflected the staff who were due to be in the home. A handover was given from night staff to day staff and the information was given efficiently, concise and it showed staff had a good knowledge base of individual residents care.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff.

A review of two recruitment files was completed and were found to have accurate information prior to staff commencing employment. Two induction records were reviewed and in discussion with the registered manager and staff it showed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities and was kept up to date.

Discussion with the deputy manager and staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. There was evidence that care staff were provided with quarterly supervision. The registered manager advised that this was to ensure that staff were fully supported to meet any changing needs of residents.

Discussion with the deputy 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. Staff competency and capability assessments were reviewed and found to be satisfactory. The registered manager advised that such assessments were reviewed annually or after staff returned from any long term absence. This represented good practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Records were maintained for all staff which showed registration numbers, registration renewal dates and dates of payment of annual fees. All details were checked monthly by the organisation. Care advised they were aware of the importance of ensuring they were maintaining their registration with the Northern Ireland Social Care Council (NISCC).

Discussion with staff and observation of practice 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The cleaning standards in the home are to be commended.

### **Areas of good practice**

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, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents. Thorough observation it was evident staff were able to assess residents needs promptly and appropriately.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of two 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 (e.g. behaviour support, epilepsy management, where appropriate) 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident care plans and associated risk assessments.

The deputy manager advised that one resident had, had small pressure damage to their skin and pressure relieving equipment was in the home to enable appropriate care to be maintained. Care staff had acted promptly and made referral to community nursing services who managed wound care.

The deputy manager advised 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 risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The deputy manager advised 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. Minutes of staff meetings and resident and their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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 deputy manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The deputy manager advised 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.

The deputy manager advised that consent was sought in relation to care and treatment; a review of care records confirmed that written consents were in place. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and a resident's representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of distress or anxiety, where appropriate.

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. Menus and the activity programme, for example, were written in a large print, pictorial format.



Discussion with staff, residents and observation of practice showed that residents' needs were recognised and responded to in a prompt and timely manner by staff; residents were listened to, and communicated with in an appropriate manner. On the day of inspection one resident requested that they show me their room as they had picked the colour it was painted and showed me the certificates and medals they had won. The resident reported "This is all mine and I love it."

Residents were encouraged and supported to actively participate in the annual reviews of their care and to attend residents' meetings. Residents were also consulted about their experiences of the care provided during visits by the registered provider.

Residents were consulted on a regular basis about the day to day running of the home and the activities they wanted to engage in, this was recorded in the residents' daily records daily records.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents and staff reported they had been to a formal in the Slieve Donard hotel which residents showed us photographs and reported they really enjoyed getting dressed up. There had been regular outing to the cinema, ten pin bowling, music nights and to various places for dinner.

Residents spoken with during the inspection made the following comments:

"I like it here."

"We have good fun."

"We get nice food."

"I am ok here, nice people, nice food."

"We go out to dance and get icecream.my family come all the time."

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager is the person responsible for the day to day running of the home, the current registered manger has been registered with RQIA since 2010.

The registered manager ensures robust systems are in place to ensure the safe practice of the home and does this by completing a range of monthly audits. Areas for audits include staff practices with hand washing, accidents and incidents, care records and the cleanliness of the home. Where deficits are found a plan of action is put in place to ensure improvement.

Staff in the home reported that they had good support from their manager who was supportive approachable and fair and gave constructive feedback to them. The deputy manager advised that the registered manger and herself work on the floor regularly to support staff and to ensure that the residents needs are being met and care is delivered in a safe effective way. The deputy manager reported that the staff team were flexible, committed, dedicated, and reliable and always had the best interests of each individual resident.

A complaints procedure was displayed in the home and provided advice on how to make a complaint. The records reviewed showed that all complaints had been dealt with and the outcome recorded. The registered manager then discussed complaints with staff and used the information to improve the service.

The deputy manager also shared compliments received form residents and their families to ensure staff were given positive feedback in their deliverance of care.

The deputy manager outlined the management arrangements and governance systems in place within the home and advised that 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.

When conversing with staff they were knowledgeable about how to record and respond to complaints. RQIA's complaint poster was available and displayed in the home. A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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 and was reviewed as part of the inspection process. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The deputy manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the deputy manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, bespoke behaviour management and support and training in relation to SALT guidelines.

The monthly monitoring reports were reviewed and an action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

In discussion with staff they confirmed that they were knowledgeable about whistle blowing policy and they were confident when it would be appropriate to use this procedure.

The deputy manager and the senior residential worker described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Comments from staff were:

"I love working here great place, amazing staff, good support from management they are approachable I look forward to coming to my work. We are always trying to make life better for residents."

"Good team work, good communication, I love my job, residents always come first."

"All residents get what they need, I love working her good support good management."

### Areas of good practice

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 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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