

Inspection Report

Name of Service: Cumulus Heights Residential Services

Provider: Mainstay DRP

Date of Inspection: 24 July 2025

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:	Mrs Sarah Jane Mowbray
Registered Manager:	Mr John Millar
Service Profile –	
<p>This home is a registered Residential Care Home which provides health and social care for up to 18 residents living with a learning disability. 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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2025, between 10.00am and 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 March 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Residents who were less well able to share their views gave positive gestures, such as the thumbs up and were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "I am well cared for."

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.

A visiting professional spoke of how communication with the home was good and they had no concerns.

A relative spoke of how the care in the home was "Very good, and that the manager was approachable."

A response to the staff survey was complimentary on the care and services provided by the home.

There was evidence of regular residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

No completed questionnaires from residents or relatives were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Review of falls management within the home, and in discussion with the manager, highlighted that post falls observations were not being recorded on a structured tool. The manager was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The manager spoke of residents having been on recent trips to Nashville and the set of Coronation Street.

Residents' needs were met through a range of individual and group activities such as arts and crafts, outings, baking and games.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A care plan for a client, who was experiencing falls, did not have a care plan in place for this. An area for improvement was identified. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr John Millar has been the manager in this home since 8 May 2024.

Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

There was evidence that limited auditing was being completed to assure of the care and services in the home. Samples of audits did not contain enough detail about the audit process. A wider range of audits could be carried out in the home. An area for improvement was identified.

Residents and a relative spoken with said that they knew how to report any concerns and complaints and said they were confident that the manager would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Millar, Registered 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 21 Stated: First time To be completed by: 1 September 2025	<p>The registered person shall review and update the homes falls policy in accordance with best practice guidelines.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Measures have been put in place in the service to adequately deal with and record falls. Guidance taken from the Public Health Agency (PHA) and its post fall guidance for care homes is implemented in the home. The senior management team and HR department are developing a policy specifically in relation to falls..</p>
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 1 September 2025	<p>The registered person shall ensure that each resident has an up to date care plan. This is stated in relation to the management of falls.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Following recent PHA guidance issued in June 2025 and this inspection, each care plan has been updated to include the management of falls.</p>
Area for improvement 3 Ref: Standard E26 Stated: First time To be completed by: 1 September 2025	<p>The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Each resident has had a lock attached to a cupboard in their room and key supplied.</p>
Area for improvement 4 Ref: Standard 20.10 Stated: First time To be completed by: 1 September 2025	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary. This is stated in relation to a wider range of audits, and in evidencing the process of the audit.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The residential management team have reviewed all audit documentation and amendments have been made to ensure the comprehensive range of audits is evidenced in audit documentation.</p>

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