The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cumulus Heights Residential Services

Provider: Mainstay DRP

Date of Inspection: 25 August 2026

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 – 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.	

2.0 Inspection summary

An unannounced inspection took place on 25 August 2026, between 10.00am and 3.30pm 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 24 July 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 four 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 residents, 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 "The girls look after me well!"

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.

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 responses to the resident or relative questionnaire, or to the staff survey 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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The staff had accompanied residents on a holiday away from the home in recent months, and were currently planning another holiday to Spain for some of the residents. Some residents spoke of their excitement of the upcoming holiday.

Residents' needs were met through a range of individual and group activities such as arts and crafts, outings, music nights 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 and regularly reviewed. One care plan did not have the detail required to direct staff in the one to one supervision of a resident, or to the frequency that the need for the one to one supervision was reviewed. 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

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.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Washing powder was observed being stored in an unlocked cupboard within the laundry. The laundry door was open. This was brought to the attention of staff and the cupboard was locked. An area for improvement was identified.

Areas of the home had been redecorated since the last care inspection. Some areas of flooring in Cumulus 3 and Cumulus 4 required maintenance. The manager discussed that this work was planned .This will be reviewed at a subsequent inspection.

Hand towel dispensers and paper hand towels were not available in each bedroom. This was discussed with the manager and an area for improvement was identified.

Review of records and discussion with the 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.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr John Millar, 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 14 (2) (a) **Stated:** First time **To be completed by:** 25 August 2026	The Registered Person shall ensure that all parts of the home to which residents have access are kept free from hazards to their safety; this is stated in specific reference to washing powder. Ref: 3.3.4
	Response by registered person detailing the actions taken: Washing powder stored safely in a locked cupboard. Key held by staff. All staff advised of the importance of keeping the cupboard locked while unattended.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • Care plans for one to one supervision should identify when the need for the one to one supervision is reviewed. Ref: 3.3.3
	Response by registered person detailing the actions taken: Actioned. This action was linked to one support plan. This action completed on the day of the inspection and agreed as satisfactory by the inspector.
Area for improvement 2 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 November 2026	The registered person shall ensure that there are paper towels available in areas where care is provided. Ref: 3.3.4
	Response by registered person detailing the actions taken: Actioned. Paper towel holders ordered and fitted. Supply of paper towels regularly stocked.

Please ensure this document is completed in full and returned via the Web Portal

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