

# Inspection Report

## 1 & 6 February 2024



## Glasswater Lodge

Type of Service: Residential Care Home  
Address: 1 Glasswater Road, Crossgar, BT30 9DN  
Tel no: 028 4483 0518

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Glasswater Lodge  <b>Registered Persons:</b> Leslie John Reid Sarah Reid	<b>Registered Manager:</b> Sarah Reid  <b>Date registered:</b> 19 December 2019
<b>Person in charge at the time of inspection:</b> Diane Patterson – Assistant manager	<b>Number of registered places:</b> 31  A maximum of 6 persons in RC-DE category of care. 1 identified person in RC-LD ( E ) category of care. The home is approved to provide care on a day basis only to 6 persons. 1 identified person until November 2019 in RC-PH and 1 identified person in RC-PH ( E ) after November 2019.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 24
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential home which provides social care for up to 31 persons. Residents' bedrooms, communal lounges and the dining room are all located on one level and residents have access to a communal garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 1 February 2024, from 10.20 am to 5.00 pm by a care inspector and 6 February 2024 from 10.45 am to 1.45 pm by a finance 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.

The home was clean with a welcoming atmosphere. Staff were seen to work well together and to communicate in a professional manner towards each other and in a warm and reassuring manner towards the residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents were happy to engage with the inspector and share their experiences of living in the home. The residents expressed positive opinions about the home and the care provided. There was mixed feedback regarding food choices; this is discussed in section 5.2.2.

Residents were seen to be well cared for and there was clear evidence of attention to personal care and dressing.

With regards to finance, no new areas for improvement were identified at the inspection on 6 February 2024. Two areas identified within Section 5.2.6 of this report will be reviewed at the next RQIA inspection.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

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.

In relation to the finance inspection a sample of residents' financial records was reviewed which included; records of transactions, residents' written agreements and residents' personal property. Controls surrounding the management of residents' monies and property were also reviewed.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### **4.0 What people told us about the service**

Staff spoken with said that Glasswater Lodge was a good place to work. Staff described good teamwork amongst their colleagues and were satisfied with the staffing levels and the support from the Manager.

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents described the staff as “lovely” and “great.” Residents spoken with on an individual basis told us that they were happy with their care and with the services provided to them in the home. Individual resident comments included; “I have settled well, the staff are very helpful”, “Things aren’t too bad”, “I am happy enough” and “I am quite content” and a number of residents stated they had no complaints at all.

One relative shared positive experiences and described the staff are very diligent and caring.

A small number of residents described dissatisfaction with the food; these individual comments were shared with the management team for information and action as appropriate.

Seven resident questionnaires were returned; they all indicated a very satisfied response to the four questions regarding the care received, the staff and the home management. One individual comment regarding the food was shared with the Manager.

There was no response from the staff online survey within the timeframe for inclusion in this report.

## 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 19 December 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes an overview of the environment, consultation with residents, their relatives and staff and has a meaningful action plan in place where required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that a personal medication record is in place for all residents and that it is signed and verified as correct by two members of staff when it is written or updated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person should ensure that residents who require pressure relieving equipment, have a detailed care plan in place and an up to date risk assessment for pressure damage completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> First time	The registered person should ensure that a choice of drinks and provision for alternative meal choices should be available if a resident changes their mind at mealtimes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the condition of the identified radiator covers are brought up to an acceptable standard of décor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 help protect residents.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

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.

Senior care staff who take charge of the residential home in the absence of the Manager had completed relevant competency and capability assessments.

Review of the care staff registration with Northern Ireland Social Care Council (NISCC) identified that it was not reflective of all the care staff currently working in the home. In addition, a number of staff were observed to be overdue with their yearly fee. This was discussed with the Manager for her appropriate action and an area for improvement was identified. Following the inspection, the Manager forwarded the updated NISCC audit to the inspector for review and evidence was provided that all staff were now up to date with their fees.

Staff told us that the residents' needs and wishes were very important to them. Staff members were observed to respond to residents promptly and in a caring and compassionate manner.

Residents said that staff were always available to help and support them and that they were kind to them.

### **5.2.2 Care Delivery and Record Keeping**

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

It was observed that staff respected resident 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. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Supervision and support from staff was readily available where this was required.

The residents in the dining room said that they had enjoyed their meal and the company of others. The residents could also choose to take their meals in their own rooms if they wished. A small number of residents commented negatively on the quality and choice of meals; these comments were shared with the management team for their appropriate action.

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. In general, the care records were appropriate to meet the residents' needs, however; it was discussed with the management team how the care records could be improved to include a care plan detailing all residents relevant past medical history. Residents care records were held confidentially.

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.

Examination of records and discussion with the management team confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall. For example, they monitored the resident post fall, sought medical assistance if required and completed onward referrals to specialist practitioners such as the falls team if this was necessary. The regional Post Falls Guidelines for Care Homes was discussed and how these guidelines provide homes with guidance and instructions on the steps which can be taken for residents who fall regardless of the severity of the fall. The home plans to review this information and consider its implementation.



### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be clean, warm and well-lit. Resident's bedrooms were clean, tidy and personalised with items of interest and importance to each resident, such as family photos, furniture, books and sentimental items.

A number of wardrobes within resident bedrooms were observed not secured to the wall. This was discussed with the management team who agreed to audit all the wardrobes and secure them to the wall as necessary. An area for improvement was identified.

A number of raised toilet seats were observed in need of a better clean, which the management team agreed to address.

The flooring leading down to the lower ground level and within the laundry was observed in need of repair. This was discussed with the management team and an area for improvement was identified.

A number of fire safety risks were identified; chairs were in seen in several areas of the main corridors and observed beside a fire exit; these chairs could potentially obstruct clear exit of the building in an emergency situation. In addition, the lower ground floor corridor was being used as a storage area for boxes of continence aids, a mattress and a chair. This corridor leads to a fire exit and the laundry room; and it was also of concern that a storage room adjacent to the laundry was extremely cluttered with a number of items including some that were combustible. This was immediately highlighted to the management team who cleared the corridors by the end of the inspection and advised that the store room would also be actioned as a priority. An area for improvement was identified.

Records evidenced that staff participated in regular fire drills; however, it was noted that all the fire drill scenarios occurred during the day or as part of planned training. This was discussed with the management team that a combination of times both day and night would be beneficial to ensure staff are aware of their responsibilities at all times of the day.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents were offered choices throughout the day; from where and how they wish to spend their time, what they ate and drank and what activities they wished to participate in.

There was a range of activities provided for residents by care staff and the schedule of planned activities was displayed in the foyer of the home. Activities included; art and craft, games, cake decorating and religious services. Activity records were maintained which included resident engagement with the activity sessions. A hairdresser also visits the home regularly.



### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff members 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. A discussion was held with the management team regarding the falls audit; this included how the audit could be improved to include a look back for trends, patterns and outcomes. This will be followed up at a future inspection.

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. The Manager is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

A review of accidents and incidents records found that these were well managed and reported appropriately.

The Manager maintained records of regular staff meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Staff commented positively about the management team and described them supportive and approachable.

### 5.2.6 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of monies held on behalf of three residents showed that the records were up to date during the inspection on 6 February 2024. The Manager advised that no valuables were held in the safe place on behalf of residents at the time of the inspection.

Discussions with staff confirmed that no bank accounts were used to retain residents' monies. A review of a sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a quarterly basis. Discussions also confirmed that no member of staff was an appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Four residents' finance files were reviewed; written agreements were retained within all four files. The agreements showed the current weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. The agreements reviewed were signed by the resident, or their representative, and a representative from the home.

A review of records confirmed that a weekly third party contribution (top up) was paid on behalf of a number of care managed residents. Discussion with staff confirmed that the top up was not for any additional services provided to residents but the difference between the tariff for the home and the regional rate paid by the health and social care Trusts. The residents' written agreements reviewed at the inspection on 6 February 2024 were up to date to reflect the top up paid on behalf of the residents.

A review of a sample of fees received for one resident (including top up) evidenced that the records were up to date at the time of the inspection. Discussion with staff confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care Trusts.

A review of a sample of records of payments to the hairdresser and podiatrist showed that the records were up to date. Two signatures were recorded against each of the transactions. Records also showed that the podiatrist had signed the records to confirm that the treatments took place however, there was no evidence to show that the hairdresser had signed the records.

The Manager provided assurances that a system would be implemented following the inspection on 06 February 2024 to ensure that the hairdresser signed the records along with a member of staff. This procedure will be reviewed at the next RQIA inspection.

A review of a sample of records of monies deposited at the home on behalf of residents evidenced that the records were up to date at the time of the inspection.

A sample of one resident's file evidenced that a property record was in place for the resident. The record was updated with additional items brought into the resident's room following admission. There was no recorded evidence to show that the personal possessions were checked, at least quarterly, and signed by two members of staff.

The Manager advised that the procedure for recording and checking residents' personal possessions was in the process of being updated. The Manager provided assurances that the revised system would be implemented following the inspection on 6 February 2024. The Manager was advised to ensure that the full details of the items were recorded, for example, type and make of television owned by the resident. This procedure will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection on 6 February 2024.

No new finance related areas for improvement were identified during the inspection on 6 February 2024.

## 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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 February 2024	The registered person shall ensure that the NISCC checklist is kept up to date, includes all relevant staff and accurately reflects their registration status.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Manager has devised a new auditing system to enable better monitoring of staff registration with NISCC
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2024	The registered person shall ensure that the environmental deficits identified during this inspection are addressed: <ul style="list-style-type: none"> <li>• The identified flooring on the stairs and laundry is repaired or replaced</li> <li>• The identified room is decluttered and does not contain items that may be combustible.</li> </ul> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Manager can confirm the areas mentioned have been addressed.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 February 2024</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Manager has added a daily check of all corridors and fire exits to the shift report which senior staff carry out on each shift &amp; sign when completed.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard E 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 February 2024</p>	<p>The registered person shall ensure that wardrobes are safely secured to the wall.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Manager can confirm wardrobes have been secured to the wall.</p>

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



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