The Regulation and Quality Improvement Authority

Inspection Report

4 November 2021

Glasswater Lodge

Type of service: Residential Care Home
Address: 1 Glasswater Road,
Crossgar, BT30 9DN
Telephone number: 02844830518

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: Glasswater Lodge **Responsible Individuals:** Mr Leslie John Reid Mrs Sarah Reid	**Registered Manager:** Mrs Sarah Reid **Date registered:** 19 December 2009
Person in charge at the time of inspection: Mrs Sarah Reid	**Number of registered places:** 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.
Categories of care: 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.	**Number of residents accommodated in the residential care home on the day of this inspection:** 24
Brief description of the accommodation/how the service operates: 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 4 November 2021 from 9.35 am to 4.30 pm. The inspection was carried out by a 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.

Residents spoke positively about life in the home and were observed to be relaxed and comfortable in their surroundings.

Staff were seen to treat the residents with kindness and compassion.

Areas requiring improvement were identified regarding care records, repair/replacement of vanity units, management of records and monthly monitoring reports.

RQIA were assured that the delivery of care and service provided in Glasswater Lodge 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 provided in the home.

The findings of this report will provide the management team 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 Sarah Reid, Registered Manager, and James Reid, Deputy Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 15 residents and six staff.

Residents said that Glasswater Lodge was “a home from home” and that they felt well looked after by the staff.

Staff said that they enjoyed working in the home and felt well supported.

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

Following the inspection we received four completed questionnaires. All the respondents indicated that they were satisfied/very satisfied with all aspects of care provided. No staff completed the on-line questionnaire.

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 26 October 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 35.1 **Stated:** First time	The registered person shall ensure that effective infection prevention and control measures are implemented, specifically in regard to hand hygiene and the wearing of surgical masks.	**Met**
	Action taken as confirmed during the inspection: Staff were observed to carry out hand hygiene at appropriate times and to wear fluid resistant masks in accordance with the current guidance.	
Area for improvement 2 **Ref**: Standard 24.2 **Stated:** First time	The registered person shall ensure that staff are provided with regular supervision no less than every six months.	**Met**

	Action taken as confirmed during the inspection: Review of records identified that a supervision schedule was in place with two sessions of supervisions planned annually for staff. A record of the actual date of supervision and the discussion was maintained.	

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. Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis. The manager said that new staff were made aware of the need to register with NISCC on commencement of their employment. Staff confirmed that they received an induction on the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training as due. Review of records showed that training comprised of a range of relevant topics, with practical elements delivered face to face, for example, moving and handling and fire safety. The manager said that an annual mandatory training day was organised for all staff. Staff said that they felt adequately trained to carry out their roles and responsibilities within the home.

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. The manager said that recruitment was ongoing as required. Bank staff are used as required to cover shifts and the management team will also step in to cover shifts and support staff if required.

The manager confirmed that staff who took charge in the home had completed a competency assessment and this was reviewed at least annually.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff said that there was enough staff on duty to meet the needs of the residents and that teamwork was very good.

It was observed that staff were attentive to the residents' needs and responded to requests for assistance in a timely manner.

Residents said that there were enough staff on duty to help them and that "the girls are very good".

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated their knowledge of individual residents' needs, likes and dislikes.

Staff were observed to communicate well with the residents; there was lots of friendly conversation noted between staff and residents. Staff were also observed to treat the residents with respect and kindness.

Where a resident was at risk of falling measures to reduce this risk were put in place. Residents who were at risk from falls had relevant care plans in place. Review of records confirmed that in the event of a fall or an accident staff took appropriate action. A monthly falls/accident analysis was carried out to establish if there were any patterns or trends and to determine if there were other measures that can be put in place to reduce the risk of a recurrence.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, alarm mats. It was established that safe systems were in place to manage this aspect of care if it was required. Where a resident had a Deprivation of Liberty of Safeguard (DoLS) in place care records contained a relevant care plan; the manager said that the Trust keyworker would be involved in reviewing the DoLS when required.

Residents who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the residents' needs and included recommendations from the Physiotherapist and Occupational Therapist (OT) if required.

Staff said that when necessary they consulted other members of the multi-disciplinary team, for example, the District Nurse, and followed the recommendations they made.

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 from simple encouragement through to full assistance and staff were seen to assist residents appropriately. The dining experience was seen to be a relaxed and unhurried experience for the residents who enjoyed chatting to each other and the staff.

Staff told us how they were made aware of residents' nutritional needs. The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care records reviewed. The chef said that a record of any modified diets required was kept in the kitchen and would be updated if any recommendations changed.

The daily menu was on display and there was choice of meals offered. The food was attractively presented and portions were suited to the individual resident's preferences and needs. Staff offered residents a variety of hot and cold drinks.

During lunch staff were polite and helpful to the residents; they offered them more soup and sandwiches and took time to ask if they had enjoyed their meal. The majority of the residents said that they very much enjoyed their lunch and complimented the quality of the soup and sandwiches on offer.

One resident said “that is yummy, I would be happy with that every day of the week”. However, another resident said they did not like the soup; staff took this on board and offered an alternative option.

Residents said that the food provided in the home was good and confirmed that there was no problem getting something else if they didn’t want what was on the menu for that day.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents’ needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents’ needs. Residents care records were held confidentially.

The care records reviewed for one resident were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs.

In the care records for another resident it was noted that the nutrition care plan needed to be updated to accurately reflect the recommendations of the Dietician and the SALT. A moving and handling care plan was in place but a falls risk assessment had not been completed. An area for improvement was identified.

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.

Residents’ individual likes and preferences were reflected throughout the records, for example, preference to spend time in their room, enjoys going out for trips, enjoys family visits and likes to watch TV. 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 should have an annual review of their care, arranged by their care manager or Trust representative. Where care reviews had been completed a record of this was available in the care records.

Residents were seen to be nicely dressed and well presented; they said that they felt well looked after by the staff who were helpful and friendly.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was warm, clean, tidy and well maintained. The home was in good decorative order and furnishings were in good condition with the exception of identified vanity units which required repair and/or replacement; an area for improvement was identified.

Residents’ bedrooms were clean, tidy and personalised with items that were important to them, for example, photographs, ornaments, plants and pictures. The communal lounges and the dining room were comfortable and welcoming areas for residents to spend time in.

Corridors and fire exits were clear of clutter and obstruction. A current fire risk assessment was in place and the action plan had been updated to reflect when required actions had been completed.

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 and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records confirmed that staff had received training on infection prevention and control (IPC) measures and the use of PPE. The manager said that staff use of PPE and hand hygiene was regularly monitored. Staff were observed to carry out hand hygiene at appropriate times and to wear fluid resistant masks in accordance with the regional guidance. Use of additional PPE, specifically single use plastic aprons, was seen to be in accordance with the regional guidance when staff were assisting residents with their personal care needs during the morning.

However, at lunch time it was noted that staff wore cloth aprons when serving the food and then also when assisting residents out of the dining room; single use plastic aprons were not used at this time although staff were engaged in direct resident care. This was brought to the attention of the manager or information and action. The manager immediately addressed this with staff and reminded them of the need to wear single use plastic aprons when engaged in any direct resident care. It was positive to note that staff were appropriately using single use plastic aprons when assisting residents into the dining room for the evening meal.

Staff were seen to helpfully offer residents opportunities for hand hygiene, for example, before and after meals.

Residents said the home was always kept clean and tidy.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day and residents were observed to come and go around the home as they wished. Staff were seen to assist residents who needed help or supervision with mobilising from one area to another.

It was observed that staff offered residents choices throughout the day about, for example, where they wanted to sit, what they would like to eat and drink and if they wanted to take part in activities. Staff were seen to respect residents' privacy and dignity, they knocked on doors before entering bedrooms and bathrooms and offered discreet assistance with personal care needs.

Staff provided residents with a range of activities and an activity schedule was in place. Planned activities included armchair exercises, music and hymns, arts and crafts, games and reminiscence. A period of time was set aside each afternoon for activities and staff said they encouraged the residents to join in and really enjoyed this time themselves as well.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.
The manager said that relatives were provided with updates via email, telephone or in person during visits. Some of the residents have their own phones and can contact their families

independently but staff assist residents who need help to make phone or video calls as well. A member of staff was seen helping a resident with their mobile phone; they were patient and took time to ensure the resident was able to make a call and then stepped away to allow them the opportunity for privacy.

Visiting arrangements were in place according to the current guidance in this area. The manager said that some relatives and residents still preferred to visit behind a screen so this option remained available if requested. The screen was set up in a designated area for ease of access and was removed when not in use. The manager said that relatives had been provided with information about the Care Partner role and this would be facilitated if any relatives expressed an interest in the initiative.

The atmosphere throughout the home was warm and welcoming. Residents were seen to be comfortable and content in their surroundings and in their dealings with staff.

The majority of residents said that there was enough to do to keep them busy. All the residents said that they felt staff listened to them and would help them sort out any concerns or worries they might have. Residents were complimentary about life in the home, they said “Glasswater is my home, I can’t say a bad word about it” and “the staff are excellent, it’s very good here and a beautiful setting”.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Sarah Reid has been the Registered Manager in this home since 19 December 2009. 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.

There was evidence that a 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.

It was noted that correction fluid had been used when required alterations or changes were made on the duty rota and also on other documentation. Records should be maintained in accordance with good practice and legislative requirements and correction fluid should not be used. An area for improvement was identified.

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 was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had 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.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by a representative of the registered provider. These visits should examine all areas of the running of the home and include consultation with residents, their relatives and staff. Review of the reports completed during 2021 evidenced that no consultation had been undertaken with residents, their relatives or staff. Additionally, none of the reports reviewed included an overview of the environment or had a meaningful action plan.

This was discussed with the manager who said that the representative had endeavoured to keep their footfall to a minimum during the Covid-19 pandemic but agreed that the reports should include an examination of all areas and appropriate consultation in order to be a useful tool to drive improvement. An area for improvement was identified.

Staff commented positively about the management team and said that they can go to any of them for advice and support.

6.0 Conclusion

Residents looked well cared for and were seen to be settled and content in the home. They spoke positively about their experience of living in Glasswater Lodge.

The home was clean, tidy, warm and welcoming.

Staff said that they enjoyed working in the home and did not express any concerns about the service.

Areas for improvement were identified regarding care records, repair/replacement of vanity units, management of records and monthly monitoring reports.

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 management team. Addressing the areas for improvement will further enhance the quality of care and services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Reid, Registered Manager, and James Reid, Deputy 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 29 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection.	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: Completed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection.	The registered person shall ensure that in the care record for an identified resident: Care plans accurately reflect the recommendations of the Dietician and the SALT and are updated if recommendations change. A falls risk assessment should be completed. Ref: 5.2.2
	Response by registered person detailing the actions taken: Monthly evaluations have been up-dated.
Area for improvement 2 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 30 May 2022	The registered person shall ensure that an audit is completed to identify vanity units which require repair and/or replacement and that action is taken to carry out the required repairs or replacements. Ref: 5.2.3
	Response by registered person detailing the actions taken: Repairs are in progress.

Area for improvement 3 **Ref:** Standard 22 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection.	The registered person shall ensure that records are maintained in accordance with good practice and legislative requirements and that correction fluid is not used to make required alterations or changes. Ref: 5.2.5
	Response by registered person detailing the actions taken: Standard 22 Noted.

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

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