



**The Regulation and
Quality Improvement
Authority**

Secondary Unannounced Care Inspection

Name of Establishment: Glasswater Lodge
Establishment ID No: 1605
Date of Inspection: 10 February 2015
Inspectors' Names: Kylie Connor and Patricia Galbraith
Inspection No: IN017587

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Glasswater Lodge
Address:	1 Glasswater Road Crossgar BT30 9DN
Telephone Number:	028 4483 0518
E mail Address:	glasswater@btconnect.com
Registered Organisation/ Registered Provider:	Glasswater Lodge Mr Leslie Reid and Mrs Sarah Reid
Registered Manager:	Mrs Sarah Reid (Acting)
Person in Charge of the home at the time of inspection:	Mrs Sarah Reid
Categories of Care:	RC – I RC – DE (maximum of 6 residents) Day Care – (Maximum of 6 Service Users).
Number of Registered Places:	31
Number of Residents Accommodated on Day of Inspection:	Residents - 26 Day care - 0
Scale of Charges (per week):	As per trust contract
Date and type of previous inspection:	8 October 2014 Unannounced Secondary Inspection
Date and time of inspection:	10 February 2015 1.05 pm to 6.50 pm
Name of Inspectors:	Kylie Connor and Patricia Galbraith

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the issues measured during inspection are being met.

2.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

4.0 Inspection Focus

The focus of the inspection was to review the action taken to address the requirements and recommendations made during the unannounced inspection undertaken on 8 October 2014 and following concerns raised by the South Eastern Health and Social Care Trust, examination of recruitment files was undertaken.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

5.0 Profile of Service

Glasswater Lodge is a detached purpose built home which was modernised and extended in 2008. Mr Leslie Reid and Mrs Sarah Reid are the registered persons and the home is being managed by Mrs Sarah Reid until recruitment of a registered manager is completed. The home is situated in a rural area adjacent to Crossgar and Saintfield. The home is set in spacious grounds with gardens, a patio area and an enclosed courtyard. There is car parking space to the front of the home.

There are double bedrooms, single bedrooms and bedrooms with en-suite toilet facilities. Communal toilet / shower / bathrooms are also appropriately located throughout the home. Three lounges provide choice of sitting areas with all providing an outlook to the front of the home and views overlooking the picturesque countryside. The dining room is off the main hallway.

The home is registered to provide care for a maximum of 31 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia (maximum of 6 residents)

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of six residents.

6.0 Summary

This unannounced care inspection of Glasswater Lodge was undertaken by Kylie Connor and Patricia Galbraith, Inspectors on 10 February 2015 from 1.05 pm to 6.50 pm. The focus of the inspection was to review the action taken to address the requirements and recommendations made during the unannounced inspection undertaken on 8 October 2014 and following concerns raised by the South Eastern Health and Social Care Trust, to examine staff recruitment records.

Mrs Sarah Reid, Registered Person was available during the inspection and at the conclusion of the inspection for feedback. A senior care assistant joined Mrs Reid for feedback in regard to care issues and Mr Leslie Reid; Registered Person joined Mrs Reid to receive part of the feedback at the conclusion of the inspection.

Two requirements and eight recommendations were made as a result of the previous inspection. The detail of the actions taken by Mrs Sarah Reid can be viewed in the section following this summary. The inspectors observed the environment, spoke with Mr and Mrs Reid, staff, residents, visitors, a visiting professional and issued staff questionnaires. Further details in respect of these areas are available in section 8 of the report.

Observations, examination of records and discussion demonstrated that one requirement and five recommendations had been addressed. One requirement in regard to staff appraisals had not been addressed and examination of residents' records evidenced that not all residents had a pre-admission assessment, and/or a needs assessment and/or a care plan completed.

Following consultation with senior management, RQIA held a serious concerns meeting on 17 February 2015 with Mrs Sarah Reid who was accompanied by a human resources consultant. Mr Leslie Reid confirmed that he was unable to attend. Mrs Sarah Reid outlined actions taken to address these matters and confirmed that a timescale of the end of March 2015 would be achievable. The registered person was reminded that failure to address these issues may lead to further enforcement action.

Examination of staff recruitment records during the inspection evidenced that recruitment practices in the home were not compliant with relevant legislation and protocols. An urgent actions letter was issued to Mrs Sarah Reid at the conclusion of the inspection, in regard to review of staff recruitment records. Following discussion with senior management in RQIA, it was decided to advise the registered persons of RQIA's intention to issue three Failure to Comply notices. A meeting was held on 17 February 2015 between RQIA and Mrs Sarah Reid who attended with a human resources consultant. Mr Leslie Reid confirmed that he was unable to attend. At the meeting the homes failure to comply with recruitment legislation and protocols was discussed in detail. Due to the concerns evidenced during the inspection, it was decided that three Failure to Comply notices with respect to Regulation 14 (4), Regulation 19 (2) Schedule 4 (6) and Regulation 21(1) (b) Schedule 2 (1-7) would be served. Full compliance with the three Failure to Comply notices must be achieved by 22 April 2015.

Six requirements and three recommendations have been made a result of this unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors wish to thank the registered person, residents, staff, visitors and visiting professional for their helpful discussions and assistance throughout the inspection process.

7.0 Follow-Up on Previous Issues

NO	REGULATION REF	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 20 (1) (c) (i) (2)	<p><u>Staff appraisal</u></p> <p>Remaining annual staff appraisals must be organised in accordance with Standard 24 of The Residential Care Homes Minimum Care Standards.</p>	<p>Evidence reviewed during the inspection indicated that the process of appraisal had been commenced and staff members interviewed indicated that they had received appraisal templates for completion. The records of appraisals, which could not be located during the previous inspection, were made available for review. Evidence demonstrated that not all staff had received an appraisal within the identified timescale and a schedule to complete these had not been arranged. A serious concerns meeting took place on 17 February 2015 and it was agreed with Mrs Sarah Reid that a completion date of the end of March 2015 would be achievable.</p>	<p>Moving towards compliance</p>
2.	Regulation 18 (2) (j)	<p><u>Bedrooms</u></p> <p>The registered person must investigate the malodours in the two identified bedrooms and eradicate them.</p>	<p>Inspection of the two identified bedrooms and a random number of others and communal areas evidenced that the home was clean, appropriately decorated and furnished. This is addressed.</p>	<p>Compliant</p>

NO	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Standard 5.4	<p>The primary assessment should be signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out.</p> <p>Should a resident representative be unable or unwilling to sign this should be recorded.</p>	Review of five care records and discussion with Mrs Sarah Reid and a senior care assistant evidenced that this is not fully addressed. It was clearly stated by the inspectors that this recommendation applies to all residents residing in the home and not just to residents who are newly-admitted to the home.	Moving towards compliance
2.	Standard 17.10	The complaints record should include information regarding the complainant's satisfaction or otherwise with the outcome of complaints investigation. The record should also be signed by staff.	Review of the complaint record evidenced that there have been no complaints since the previous inspection. The registered person confirmed that complaints made in 2014 had been resolved and letters of apology were evident. Mrs Sarah Reid confirmed that she is fully aware of the need to record complainants satisfaction or otherwise. This is addressed.	Compliant
3.	Standard 8.2	It is recommended that individual care records are maintained for each resident which are separate from the handover record and these should detail all the care and support provided.	The senior care assistant provided access for the inspectors to review one residents care record held electronically which evidenced that this is addressed.	Compliant
4.	Standard 25.6	It is recommended that the registered person's hours worked in the home are recorded on the staff rota to evidence her managerial presence.	Review of the staff roster evidenced this is addressed.	Compliant

5.	Standard 27.4	It was recommended that readings of water temperature be obtained in order to monitor temperature and ensure it is being maintained in accordance with the Safe Hot Water and Surface Temperature Health Guidance Note.	Review of records evidenced that these had been maintained until the end of January 2015 and that there had been no further issues. The senior care assistant stated that staff are aware that they can use the emersion to heat water however, acknowledged that it takes time to heat an adequate amount for a bath. It was suggested that periodic readings of the water temperature be undertaken.	Compliant
6.	Standard 35	It is recommended that the homes infection control policy is updated to include a hand washing guide; information regarding making referrals to infection control nurses and public health professionals and provide more information regarding cleaning of equipment and managing outbreaks of infection.	The policy reviewed was not dated and the home was advised that the policy should comply with the Department of Health, Infection Control Guidance for Care Homes (2006).	Moving towards compliance
7.	Standard 35	It was recommended that the home maintain a central register of residents who have infections.	Review of the register evidenced that this is addressed.	Compliant
8.	Dementia Design Standards and good practice	It was recommended that an environmental dementia audit is conducted and confirmation provided of staff training in dementia.	Review of staff training records and discussions with Mrs Sarah Reid evidenced that this has not been addressed.	Moving towards compliance

8.0 Additional Areas Examined

8.1 Residents Views

The inspectors spoke to ten residents during the course of the inspection. Residents spoke positively about the provision of care and support and their quality of life in the home. All but one resident spoke positively in regard to the quality and variety of meals. One issue was brought to the attention of Mrs Sarah Reid and was discussed during feedback. The inspectors were satisfied that staff members have plans to take further appropriate action to address.

Residents were observed to be content, with evidence of care and attention given to their personal appearance. Residents were observed to be at ease with staff and any requests for assistance were responded to in a prompt, friendly manner.

Examination of five residents care records identified that a number did not contain a pre-admission assessment and/or a needs assessment and/or a care plan. Following consultation with senior management, the registered persons were advised that a serious concerns meeting would take place in regard to these matters and staff appraisals, referred to in section 7 of the report. RQIA held a serious concerns meeting on 17 February 2015 with Mrs Sarah Reid who was accompanied by a human resources consultant. Mr Leslie Reid confirmed that he was unable to attend. Mrs Sarah Reid outlined actions taken to address these matters and confirmed that a timescale of the end of March 2015 would be achievable. The registered person was reminded that failure to address these issues may lead to further enforcement action. Two requirements have been made.

8.2 Staff Views/Returned Questionnaires

The inspectors spoke individually with Mrs Sarah Reid, two staff on duty, observed and greeted other staff with different roles during the course of the inspection. Questionnaires were given out to staff, who were encouraged to return these promptly. Two staff questionnaires were received following the inspection. Evidence gained during the inspection and subsequent review of staff questionnaires demonstrated that the staff team work well together, that staff know the residents well, that the meals are of a very good quality, that staffing levels are adequate to meet residents' needs, that senior staff and Mrs Sarah Reid are supportive. There was confirmation that all staff appraisals had not been completed and that Mrs Sarah Reid had requested outstanding recruitment documentation from a number of staff members.

8.3 Visiting professionals

The inspectors spoke to one visiting professional, who was accompanied by a student. The visiting professional expressed positive views in regard to staff knowledge of residents and of their helpfulness. No concerns or issues were raised.

8.4 Visitors Views

The inspectors spoke to four visitors who expressed satisfaction with the care and support received by their relative, of staff attitude and of the environment. No concerns or issues were raised.

8.5 Recruitment Records

A review of five staff recruitment records and discussions with Mrs Sarah Reid evidenced that recruitment practices in the home did not comply with relevant legislation and protocols. Mrs Sarah Reid provided reasons of circumstance to explain why this had occurred and stated that she had asked staff several times to provide outstanding documentation. Circumstantial difficulties were acknowledged by the inspectors but it was made clear that these did not mitigate the registered providers from adhering fully to recruitment legislation and protocols. Evidence included: one staff file had only one reference, instead of two; one staff file had no references, no birth certificate, no evidence of medical fitness and no evidence of registration with NISCC; one staff file had an incomplete application form and no other recruitment documentation. Mrs Sarah Reid was informed that in regard to safeguarding of vulnerable adults, an identified member of staff should not work in the home until satisfactory recruitment information had been obtained. Mrs Sarah Reid gave assurances that this would be complied with and alternative arrangements would be made.

An urgent actions letter was issued to Mrs Sarah Reid at the conclusion of the inspection, in regard to reviewing all staff recruitment records. Following discussion with senior management in RQIA, it was decided to advise the registered persons of RQIA's intention to issue three Failure to Comply notices. A meeting was held on 17 February 2015 between RQIA and Mrs Sarah Reid who was accompanied by a human resources consultant. Mr Leslie Reid confirmed that he was unable to attend. At the meeting the homes failure to comply with recruitment legislation and protocols was discussed in detail. Due to the concerns evidenced during the inspection, it was decided that three Failure to Comply notices with respect to Regulation 14, Regulation 19 and Regulation 21 would be served. Full compliance with the three Failure to Comply notices must be achieved by 22 April 2015. Three requirements have been made.

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sarah Reid, as part of the inspection process.

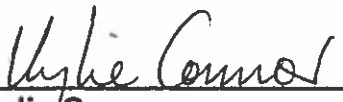
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

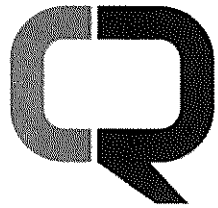
Kylie Connor or Patricia Galbraith
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Kylie Connor
Inspector/Quality Reviewer



Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Glasswater Lodge

10 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sarah Reid, Registered Person, during and on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (1) (c) (i) (2) (Ref: Section 7)	<u>Staff appraisal</u> Remaining annual staff appraisals must be organised in accordance with Standard 24 of The Residential Care Homes Minimum Care Standards. Failure to achieve compliance may result in the Authority initiating further enforcement action.	Three	Staff appraisals have been completed all but one member of staff.	31 March 2015
2.	15 (1) (a) (b) (c) (2) (a) (b) (Ref: Section 8.1)	<u>Assessment of Residents</u> Prior to admission, residents needs have been assessed and the home have obtained a copy. All residents should have a needs assessment which is kept under review and revised no less than annually.	One	All senior staff have been instructed in the information required before new residents admission and the review procedure.	31 March 2015
3.	16 (1) (2) (a) (b) (Ref: Section 8.1)	<u>Resident's care plan</u> A written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met. It is kept under review.	One	All staff have been talked through shown Resident Care Plans and the need to have them Senior Carers have been made aware of the need to implement new care plans i.e. commenced on subsistence etc.	31 March 2015

4.	14 (4) (Ref: Section 8.5)	<p>Further requirements as to health and welfare</p> <p>To prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse all staff employed in the home should have had all recruitments checks.</p> <p>Failure to achieve compliance may result in the Authority initiating further enforcement action.</p>	One	All staff information is in file.	22 April 2015
5.	19 (2) Schedule 4 (6) (Ref: Section 8.5)	<p><u>Records</u></p> <p>Staff files should be reviewed to ensure that recruitment records are complete.</p> <p>Failure to achieve compliance may result in the Authority initiating further enforcement action.</p>	One	All staff files have been reviewed and found to be complete.	22 April 2015
6.	21(1) (b) Schedule 2 (1-7) (Ref: Section 8.5)	<p><u>Fitness of Workers</u></p> <p>Staff files should be reviewed to ensure that recruitment records are complete.</p> <p>Failure to achieve compliance may result in the Authority initiating further enforcement action.</p>	One	All staff reviewed to ensure recruitment records are complete.	22 April 2015

commendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5.4 (Ref: Section 7)	<p>The primary assessment should be signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. Should a resident representative be unable or unwilling to sign this should be recorded.</p> <p>Failure to achieve compliance may result in the Authority initiating further enforcement action.</p>	Three	<p>All assessments have been checked and signed where possible by resident, family member and or staff + manager.</p>	31 March 2015
2.	35 (Ref: Section 7)	<p>It is recommended that the homes infection control policy is updated to include a hand washing guide; information regarding making referrals to infection control nurses and public health professionals and provide more information regarding cleaning of equipment and managing outbreaks of infection.</p> <p>Failure to achieve compliance may result in the Authority initiating further enforcement action.</p>	Two	<p>A new Infection Control Policy including Hand washing guide has been implemented all staff have read and signed same.</p>	1 June 2015

3.	Dementia Design Standards and good practice (Ref: Section 7)	It was recommended that an environmental dementia audit is conducted and confirmation provided of staff training in dementia.	Two	Ass Manager is conducting an audit of dementia patients and care needed. Staff training will be carried out before June 2015.	June 2015
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The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: S. Reid

SIGNED: P. Simpson

NAME: SARAH REID
 Registered Provider / Acting Reg Manager

NAME: PAMELA SIMPSON
 ASS
 Registered Manager

DATE 10-4-15

DATE 10-04-15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	V. Connors	23/4/15
Further information requested from provider			