

Inspection Report

Name of Service: Glasswater Lodge
Provider: Glasswater Lodge
Date of Inspection: 11 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Glasswater Lodge
Responsible Persons:	Leslie John Reid Sarah Reid
Registered Manager:	Sarah Reid Date registered: 19 December 2019
Service Profile: This home is a registered residential care home which provides health and social care for up to 31 residents. Residents have a range of needs, including, old age not falling within any other category, dementia, physical disability and learning disability. The home also provides care on a day basis for up to 6 persons. Resident's 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 care inspection took place on 11 December 2024, from 9.15 am to 2.30 pm 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 1 & 6 February 2024; 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 care was found 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 from the previous care inspection on 1 & 6 February 2024 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.

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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are looking after me well", "staff are kind and caring" and "I feel safe living here".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Eight questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

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.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

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. For example, residents were referred to their GP if required.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community.

Observation of the planned activity, which was a Christmas party, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

3.3.3 Management of Care Records

A review of a sample of residents' care records evidenced that pre-admission assessments had not been completed as required. An area for improvement has been identified.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, for some residents who had been assessed as needing a Deprivation of Liberty Safeguard (DoLS) did not have specific care plans in place to manage this aspect of care and support. An area for improvement has been 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, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were suitably furnished and homely.

Observations identified some concerns with environmental risk management. For example; one storage room and one sulice room were not locked and items were being stored in these rooms such as de-icer and toiletries, which were accessible to residents. One residents bedroom identified Steradent denture cleaning tablets easily accessible to anyone entering the room. The use/storage of these items require a robust risk assessment and safe storage as per Control of Substances Hazardous to Health (COSHH) guidance, in order to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example equipment used by residents such as a number of raised toilet seats and one shower chair were rusted and could not be effectively cleaned. An area for improvement has been identified.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. For example, there was identified damage to woodwork such as rails, skirting and doors throughout the home which needed attention. This was discussed with the management team who agreed to share the refurbishment plan with RQIA for review.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

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 2019.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, a review of the suite of audits for the home highlighted that an environmental audit had not been completed since 2022, given the deficits identified in the homes environment in relation to risk management and infection control this type of audit should be carried out more frequently. An area for improvement has been identified.

The home was visited each month by a representative of the Responsible Person to consult with residents, their relatives and staff and to examine all areas of the running of the home; in accordance with Regulation 29. However, a review of these records identified that action plans lacked details and were not reviewed, with the same action plan being carried over for a three month period. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken. For example, what action was identified, the person responsible for addressing the action and date this was to be achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

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	3	5

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the supervision and storage of Steradent denture cleaning tablets and to ensure that storage rooms are kept secured when not in use.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: It has been decided that Steradent will no longer be used in the home due to the risk to residents. Staff have been advised of this and all Steradent has been removed from bedrooms. Families have also been informed. Staff have been advised to check store rooms regularly throughout their shifts, to ensure that all doors are pulled tightly shut and notices have been placed on the doors to remind them.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>The Registered Person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement is made in relation to the following area:</p> <ul style="list-style-type: none"> - Equipment used by residents, for example, raised toilet seats and shower chairs that have evidence of rust must be repaired or replaced to allow effective cleaning. <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The above mentioned equipment has been repaired.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The Registered Person shall ensure that the Regulation 29 reports are robust and clear on the actions required to drive the necessary improvements in the home and to ensure compliance with the regulations and standards.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Going forward the Reg 29 reports will be more detailed, robust and clear on the actions required to drive the necessary improvements in the home ensuring compliance with the regulations and standards.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The Registered Person shall ensure that all residents have a completed pre-admission assessment which includes all necessary information relating to the resident and the delivery of their care.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Pre-admission assessments will be completed before admission for all new residents and included in their care plans.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The Registered Person shall ensure that any resident who is subject to Deprivation of Liberty Safeguards (DoLS) has an up to date care plan in place, which details the rationale for the DoLS and is kept under regular review.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: All residents who have a DOL in place, now has a care plan added in their care file, detailing the rationale for the DOL, date of commencement and date of review.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The Registered Person shall ensure that the frequency of the homes environmental audit is increased, in order to ensure that any deficits or concerns within the homes environment are managed effectively and action taken to drive improvements.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: There is a maintenance book for all staff to record any issues, concerns or areas for improvement. This will be audited weekly by the maintenance person and monthly by management and dated/signed when action has been taken. Any urgent issues are passed on to management immediately and acted on accordingly.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.5</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The Registered Person shall ensure that action plans are created following resident's meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and date it is to be achieved by.</p> <p>Where there are no actions identified at resident's meetings this should be recorded in the minutes.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: An action plan detailing the above, will be added to every residents meeting going forward.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The Registered Person shall ensure that staff meeting records include any actions identified, the person responsible for addressing the action and the date to be achieved by.</p> <p>Where there are no actions identified at staff meetings this should be recorded in the minutes.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: There has been one staff meeting since last inspection. Action plan has been included and added to the minutes stating details of actions required and date to be achieved.</p>

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