



The Regulation and
Quality Improvement
Authority

Glasswater Lodge
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**Unannounced Care Inspection
of
Glasswater Lodge**

12 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 12 June 2015 from 14.15 to 16.30. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

An urgent actions letter was issued at the conclusion of this inspection in regard to fire safety. Written assurances were received following the inspection in regard to actions to be taken by the home to prevent a re-occurrence. The estates inspector was informed. We made a requirement in this regard.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with Mrs Sarah Reid, Registered Manager (Acting). The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Mr Leslie John Reid/ Mrs Sarah Reid	Registered Manager: Mrs Sarah Reid (Acting)
Person in charge of the home at the time of inspection: Ann Curran, Senior Care Assistant. Mrs Sarah Reid arrived at the home during the inspection.	Date manager registered: 23 September 2014 (Acting)
Categories of care: RC – I; RC – DE (for a maximum of six persons) Day Care – for a maximum of six persons	Number of registered places: 31
Number of residents accommodated on day of inspection: 21	Weekly tariff at time of inspection: From £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during the inspection undertaken on 10 February 2015 and progress made by the registered persons to appoint a registered manager.

4. Methods/ Process

Prior to the inspection we analysed the following records: the returned QIP from the inspection undertaken on 10 February 2015.

During the inspection we met with nine residents, the registered manager (acting), two care staff and two resident's visitors/representatives.

We inspected the following records:

- Seven residents care records
- 19 staff appraisals.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection was an unannounced care inspection dated 14 and 22 April 2015. No QIP was issued. The areas reviewed during this inspection, pertain to the QIP Issued following the unannounced care inspection dated 10 February 2015.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) (2)	<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.	Met
	Action taken as confirmed during the inspection: An inspection 19 staff appraisal records confirmed to us that this had been addressed.	

<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (a) (b) (c) (2) (a) (b)</p>	<p><u>Assessment of Residents</u></p> <p>Prior to admission, residents needs have been assessed and the homes have obtained a copy. All residents should have a needs assessment which is kept under review and revised no less than annually.</p> <p>Action taken as confirmed during the inspection: An inspection of seven care records confirmed to us that this had been addressed.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (1) (2) (a) (b)</p>	<p><u>Resident's care plan</u></p> <p>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.</p> <p>Action taken as confirmed during the inspection: An inspection of seven care records confirmed to us that this had been addressed</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p>	<p><u>Further requirements as to health and welfare</u></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>Action taken as confirmed during the inspection: The inspection undertaken on 14 and 22 April 2015 confirmed to us that this had been addressed.</p>	<p>Met</p>

Requirement 5 Ref: Regulation 19 (2) Schedule 4 (6)	<u>Records</u> Staff files should be reviewed to ensure that recruitment records are complete. Action taken as confirmed during the inspection: The inspection undertaken on 14 and 22 April 2015 confirmed to us that this had been addressed.	Met
Requirement 6 Ref: Regulation 21(1) (b) Schedule 2 (1-7)	<u>Fitness of Workers</u> Staff files should be reviewed to ensure that recruitment records are complete. Action taken as confirmed during the inspection: The inspection undertaken on 14 and 22 April 2015 confirmed to us that this had been addressed.	Met

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.4	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. Action taken as confirmed during the inspection: An inspection of seven care records confirmed to us that this had been addressed.	Met
Recommendation 2 Ref: 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. Action taken as confirmed during the inspection: An inspection of the policy, confirmed to us that this had been addressed. We advised the registered manager (acting) to ensure staff are aware of DOH Infection Control Guidance for Care Homes (2006).	Met

Recommendation 3 Ref: Dementia Design Standards and good practice	It was recommended that an environmental dementia audit is conducted and confirmation provided of staff training in dementia.	Not Met
	Action taken as confirmed during the inspection: The registered manager (acting) reported to us that this information will be submitted to RQIA in the next few weeks. We confirmed to the registered manager (acting) that the variation application cannot progress until we have received this information. We confirmed that the variation will be progressed separately to the inspection process.	

Areas for improvement

There were no areas for improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional areas examined

i.3.1 Residents' views

We met with nine residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I find it quite good. The food is lovely"
- "They are improving a wee bit at the minute. They are doing some of the rooms up"
- "Things have improved greatly since (the assistant manager) has been here"
- "Girls (the staff) are great"

i.3.2 Staff views

We met with two care staff. The staff spoke positively about their role and duties, staff morale, teamwork and managerial support.

Some comments included:

- "It has improved since Pamela came along"
- "Residents always get their own choice"

i.3.3 Residents representatives/ visitors views

We met with two resident's representative/ visitors who expressed positive views in regard to staff attitude, the environment, communication with staff and the care and support their relative receives in the home.

Some comments included:

- "Staff attitude is excellent, very helpful. If anyone isn't well, they are very, very quick to catch it on"
- "It's always clean, you never get a smell"

i.3.4 Environment

We inspected the environment and found that the home was clean, tidy and was decorated to a good standard. We found eight fire doors wedged open. We discussed this with the registered manager (acting) and issued an urgent actions letter in regard to fire safety. We made a requirement in this regard.

i.3.5 Current management arrangements

The registered manager (acting) reported to us that a recruitment process is not underway to appoint a registered manager. We informed the registered manager (acting) of the requirement to appoint a registered manager in accordance with Regulation 8 and Regulation 9 of the Residential Care Homes Regulations (Northern Ireland) 2005. Following the inspection, we wrote to the registered person in this regard. We made a requirement in this regard.

Areas for improvement

Two areas were identified pertaining to the appointment of a registered manager and fire safety.

Number of Requirements:	2	Number of Recommendations:	0
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6. Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sarah Reid, Registered Manager (Acting) as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory requirements

Requirement 1 Ref: Regulation 8 (1) (a) (b) (i) (ii) (iii) (2) (a) (b) Stated: First time To be completed by: 1 September 2015	The registered provider is required to appoint an individual to manage the residential care home in accordance with the criteria in regard to qualifications, skills and experience, detailed in DHSSPS Residential Care Homes Minimum Standards (2011). RQIA must be informed of the individuals name and the date the appointment will take effect.		
	Response by Registered Person(s) detailing the actions taken: <i>At present we are advertising for Home Manager we are also exploring acting home manager opportunities to obtaining level 5.</i>		
Requirement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 1 July 2015	The registered person must ensure that fire doors are not wedged open at any time. If there is an operational requirement for a fire door to be held open, then a suitable hold open device, linked to the premises fire detection and alarm system must be installed. In the case of a bedroom door, a 'swing free' door closer, linked to the fire detection and alarm system would be currently recognised as the most suitable option.		
	Response by Registered Person(s) detailing the actions taken: <i>Hold open door devices have been fitted to three residents bedroom doors.</i>		
Registered Manager completing QIP	<i>S. Reid</i>	Date completed	<i>21/7/15</i>
Registered Person approving QIP	<i>S. Reid</i>	Date approved	<i>21/7/15</i>
RQIA Inspector assessing response	<i>Patricia Gallwey</i>	Date approved	<i>29-7-15</i>