

# Unannounced Care Inspection Report 17 October 2017



## Glasswater Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care to 31 persons whose needs have been assessed in the categories of care cited in the certificate of registration.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Leslie John Reid Sarah Reid	<b>Registered manager:</b> Sarah Reid
<b>Person in charge of the home at the time of inspection:</b> Sarah Reid	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 31

### 4.0 Inspection summary

An unannounced care inspection took place on 17 October 2017 from 10:00 to 15:45.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to an improvement in the presentation and maintenance of care files. Improvement was also noted in regard to the record of staff recruitment.

Areas requiring improvement were identified in relation to the Control of Substances Harmful to Health (COSHH), the internal environment and the home's fire safety risk assessment.

Residents spoke positively of their life in the home and of the attentiveness of the staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Reid, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 20 April 2017.

#### 5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 18 residents and seven staff.

The following records were examined during the inspection

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans,; accidents and incidents (including falls, outbreaks), complaints.
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 April 2017.

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 April 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were not reviewed at this inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of the staff personnel file for the most recently recruited staff confirmed that staff were recruited in line

with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that since the last inspection the needs of four residents had increased significantly. Three of those residents had since transferred from the home. On the day of this inspection a care review was taking place to re-assess the fourth resident for nursing home care.

Review of care records identified that individual care needs assessments and risk assessments were obtained for new residents prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager confirmed there were restrictive practices employed within the home, notably bed rails and pressure alarm mats for identified residents. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe

and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. A moving and handling hoist, previously in place for the use of one resident had been condemned as unfit for use. A new hoist, on loan from the Trust, is currently in use. Discussion took place with the manager in regard to the long term placement of this resident within the home and the responsibility to ensure that all equipment is in place to meet the assessed needs.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents and staff. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust and home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and appropriately heated. It was noted that a store containing cleaning equipment and materials was open. This is not in line with COSHH regulations and posed a potential risk to residents. It has been raised as an area requiring improvement.

An area of improvement was noted in regard to a bathroom where the skirting board had become detached. This could pose a risk in relation to infection prevention and control measures and has been raised as an area requiring improvement.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire safety risk assessment in place dated May 2016. The deputy assistant manager stated that the fire risk assessor was due to revisit the assessment on the evening of this inspection. Confirmation should be forwarded to RQIA that this has taken place.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 3 October 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

“I can tell you this is a good home. I drive some distance to work here and pass two other homes on the way which would be handier for me. I do that because the residents here are really well cared for.”

Four completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from residents included:

“Sure the girls (staff) are just lovely.”

“It’s just great having nothing to worry about because they (staff) do everything for me.”

“The food is great there are usually two choices but I can ask for something else if I don’t fancy either of those.”

**Areas of good practice**

There were examples of improved practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding and risk management.

**Areas for improvement**

Areas for improvement were noted in regard to the storage of cleaning equipment, repairs to a bathroom and the home’s fire safety risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The home has introduced a new system of managing and recording care records since the last inspection. This has been a substantial piece of work and has resulted in an improvement in the maintenance of the care records.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident where possible. Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff were well aware of the individual preferences ( as well as needs) of residents, when they liked to get up/go to bed, how they liked to spend their day and what family support each resident had.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review and accidents and incidents (including falls, outbreaks), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

"We have good training and the office door is always open."

"We do have enough staff on duty I think although it was more difficult when the residents who moved to nursing were here."

"I think the owners genuinely try to make things homely."

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from residents included:

"I'm just here for a couple of weeks and am looking forward to getting home but they have been fantastic to me in here."

“I like it here because they just let me do whatever I want nobody forces you to do anything.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and families.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. A minister was seen to be visiting a resident during the inspection.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. Reports dated October 2015 and October 2016 were available for inspection. The manager confirmed that a report for October 2017 was being compiled. This will be reviewed at the next inspection.

Discussion with staff and residents observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activity therapist was in the home undertaking a group session. Care staff informed the inspector that they were a cooking sessions for residents organised for the following days.

Staff spoken with during the inspection made the following comments:

“It seems that residents want to remain in the home and aren’t keen on trips out. So we try to do different things like we have recently had an ice cream van come to the home.”

“The kitchen here is open 24 hours a day and staff are encouraged to get residents tea and a snack at any time”

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from residents included:

“I have been here for a year and it’s heavenly, I have no concerns”

“There is always someone to call on if I need anything”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular (monthly) audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example, training on Risks in Swallowing had been organised for 17 November 2017.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents' Guide. Sarah Reid is registered provider as well as manager. She is currently undertaking QSF level 5 and, when complete, will apply for registration with RQIA.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.  
Staff spoken with during the inspection made the following comments:

“There is nothing to worry about in this home as far as the care is concerned”

“I tell you I’d be straight to that office if I ever saw or suspected staff weren’t good to residents but that has never happened”

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement in the care records and introduction of quality assurance audits.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Reid, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 October 2017	The registered person shall ensure that at all times substances harmful to health are locked away in line with COSHH regulations.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> All COSHH products have been placed in locked storage area.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2017	The registered person shall repair/replace identified bathroom fixtures in line with IPC regulations.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> Identified bathroom fixtures have been repaired.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> First time  <b>To be completed by:</b> 19 October 2017	The registered person shall confirm the date that a fire risk assessment in line with HTM84 has been undertaken.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> Fire risk assessment carried out on 17th October 2017.

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



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