

Unannounced Care Inspection Report 17 December 2019



Glasswater Lodge

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

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 31 residents.

3.0 Service details

Organisation/Registered Provider: Glasswater Lodge Responsible Individuals: Leslie John Reid Sarah Reid	Registered Manager and date registered: Sarah Reid, 20 December 2019
Person in charge at the time of inspection: 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	Total number of residents in the residential care home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 12.30 to 15.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and obtained residents' views on the quality of care provided in the home.

No new areas requiring improvement were identified and all areas identified during the last inspection were assessed as met.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents during the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sarah Reid, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of the last care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- three residents' records of care
- governance audits/records
- accident/incident records from 1 November to 3 December 2019
- staff registrations with the Northern Ireland Social Care Council (NISCC) and the home's policy regarding NISCC registrations

- the home's adult safeguarding policy and procedures
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 19 August 2019

Areas for improvement from the last care inspection			
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance	
Area for improvement 1 Ref: Regulation 30 1	The registered person shall ensure that all accidents, incidents and reportable events are notified to RQIA in line with current guidance.		
Stated: Second time	Action taken as confirmed during the inspection: Inspection of records of accidents and incidents in the home which were cross referenced against notifications submitted to RQIA confirmed that these were reported appropriately.	Met	
Area for improvement 2 Ref: Regulation 20 1 c ii Stated: First time	 The registered person shall ensure the following: The system of managerial oversight is reviewed to support staff to maintain their registration with their professional body at all times. The relevant policy and procedure is reviewed to provide guidance for staff regarding registration with their professional body. 	Met	

Action required to ensure	Action taken as confirmed during the inspection: Inspection of the system to ensure that staff maintain their registration with NISCC and the home's policy and procedure confirmed that this area was addressed.	Validation of
Care Homes Minimum Sta	Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 16.1 Stated: First time	The registered person shall ensure that the home's adult safeguarding policy and procedures is reviewed to accurately reflect the current regional adult safeguarding guidance.	Met
	inspection: Inspection of the home's policy and procedure confirmed that this area was addressed.	
Area for improvement 2	The registered person shall ensure that care plans and risk assessments are reviewed to	
Ref: Standard 6.6	fully and accurately reflect the management of residents who have diabetes.	
Stated: First time	Action taken as confirmed during the inspection: Inspection of care records confirmed that care plans and risk assessments were reviewed to fully and accurately reflect the management of residents who have diabetes.	Met

6.2 Inspection findings

This inspection established that all areas for improvement identified in the home during the last care inspection were met.

We spoke with residents who told us that the care in Glasswater Lodge was good. Residents made the following comments:

- "It's great here, the girls (staff) couldn't do enough for us, they are attentive and kind."
- "The food is wonderful and we get plenty, nearly too much sometimes; we have all put on weight!"
- "They keep the home spotless. They put in a new heating system a few months back and the heat is great."
- "We are all very well looked after here. You couldn't ask for better. No matter what we need, we get."

• "This is a fantastic place and the people here are wonderful...they have really helped me to settle in here and helped me to come to terms with the changes in my life."

Three questionnaires were returned by residents or their relatives and no questionnaires were returned by staff. All respondents indicated that they were satisfied or very satisfied with all aspects of the care and services provided in Glasswater Lodge.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.





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