



# Unannounced Care Inspection Report 19 August 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 older people and people who have dementia or who have a physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Glasswater Lodge  <b>Responsible Individuals:</b> Leslie John Reid Sarah Reid	<b>Registered Manager and date registered:</b> Sarah Reid, registration pending
<b>Person in charge at the time of inspection:</b> Sarah Reid	<b>Number of registered places:</b> 31
<b>Categories of care:</b>  Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b>  29

### 4.0 Inspection summary

An unannounced inspection took place on 19 August 2019 from 09.40 hours to 17.35 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, staff recruitment and induction, training, supervision and appraisal, communication between residents, staff and other key stakeholders, written consents, dignity and privacy and to good working relationships.

Four areas requiring improvement were identified. One area relating to notification to RQIA of reportable events is stated for a second time. Other areas for improvement related to staff registration with NISCC, the home's adult safeguarding policy and procedure and to care plans and risk assessments for residents who have diabetes.

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

Comments received from residents and staff during and after 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
<b>Total number of areas for improvement</b>	*2	2

\*The total number of areas for improvement includes one which has been stated for a second time.

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.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 27 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous medicines management 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.

One questionnaire was returned by a resident who indicated high satisfaction with all aspects of care and commented: "I have been resident here since 2018 and am very satisfied with the high standard of care and activities provided".

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. The lay assessor observed that the home was very clean and comfortable and that staff provided

prompt assistance to residents in a respectful way which preserved the dignity of residents. Comments received by the lay assessor are included within this report.

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

- staff duty rotas from 12 August to 25 August 2019
- staff training schedule and training certificates
- one staff recruitment file
- staff induction
- three residents’ records of care
- complaint records
- compliment records
- governance audits
- accident/incident records
- monthly monitoring reports from May to July 2019
- RQIA registration certificate
- The home’s Fire Risk Assessment

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 27 November 2018**

<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30 1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all accidents, incidents and reportable events are notified to RQIA in line with current guidance.</p>	<p><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Inspection of reports of accidents and incidents in the home and notifications to RQIA established that reportable events were not notified to RQIA in line with current guidance.</p> <p>This area for improvement is therefore stated for the second time.</p>	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• light pull cords in communal bathrooms are covered in wipeable sheaths or are replaced with a suitable alternative</li> <li>• the surface of a cabinet surrounding a sink is repaired or replaced</li> <li>• two toilet frames are replaced</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that these areas were addressed.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

#### Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We sampled the file of a staff member to make sure that staff were properly recruited and that all pre-employment checks had been made. We found that this was satisfactory.

#### Staff induction, supervision, appraisal and competency

We looked at the completed induction records for one member of staff and saw that all areas were covered. We saw that there was a system in place for planning supervisions and annual

appraisals with staff. Staff were provided with supervision on a monthly basis and this provided an opportunity for staff to consolidate learning from their training.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home when the manager is not present. The manager reported that this was reviewed regularly to ensure that it was always current. This represents good practice. The manager also advised that care staff undergo a shortened version of this assessment as it helps them to understand the role of the senior staff and to take accountability for their own practice and development.

### **Staff training and registration with professional body**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

We looked at the system in place to ensure that all care staff are registered with their professional body, the Northern Ireland Social Care Council (NISCC). This registration is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We saw that one member of care staff, employed in the home for more than one year, was not yet registered with NISCC. We brought this to the attention of the manager who took immediate action to ensure that the staff member would not work in a care role in the home until the correct professional registration process was complete. We later received written confirmation that this issue was being satisfactorily progressed.

We looked at the home's policy on staff registration with NISCC and saw that it did not provide staff with clear guidance in this area. We saw that the managerial oversight of such registrations had not been sufficiently robust to show when staff were not correctly registered. We identified this as an area for improvement to comply with the Regulations.

We suggested that NISCC registrations could be discussed during individual staff supervisions and in team meetings and that the monthly monitoring visits could include a review of the registration records.

### **Safeguarding residents from harm**

The manager and deputy managers were able to describe how residents in the home were protected from abuse or harm. We looked at the home's adult safeguarding policy and procedure and found that it was not in keeping with current regional adult safeguarding guidance. We identified this as an area for improvement to comply with the Standards. The manager advised that a report on the safeguarding arrangements for the previous year was yet to be completed. Information about the position report was sent to the manager after the inspection. This will be examined during the next care inspection.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges for the use of residents along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

## **Restrictions**

The deputy manager told us that residents living in Glasswater Lodge enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Pressure alarm mats and / or wheelchair lap belts were used for some residents who may be at risk of falling. When we looked at care records for residents we saw that any restrictions were documented and there were written agreements in place for these. The deputy manager described how written consents were also being developed for the use of night time checks for residents. These would take into account human rights, residents' ability to make decisions and would give residents the ability to opt out of these, if they so wished. This represents good practice.

## **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. We saw how staff used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, infection prevention and control measures and the home's environment.

## **Areas for improvement**

Two areas for improvement were identified. These related to staff registration with NISCC and the home's adult safeguarding policy and procedure.



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

#### 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

#### Management of risks relating to residents

The deputy manager described a robust assessment and admissions process before residents could be admitted to Glasswater Lodge. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The manager described how there was good working relationships between professionals and how this assisted staff in the home to provide the correct level of care and to manage any risks effectively.

The manager told us about falls management in the home. We saw from the recording of accidents and incidents that there were not many falls and that these were managed appropriately. We saw, however, that the audit of falls noted primarily who had been notified of the falls; the audit did not provide any analysis of patterns or trends, nor did it consider actions to reduce the likelihood of further falls happening. Information regarding the prevention of falls and the management of falls was provided to the manager after the inspection. This area will be examined in detail during the next care inspection. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us that no residents currently accommodated needed to be referred to a speech and language therapist for specialist advice. Should any resident need such advice in future, this would be shared with care and kitchen staff. The latest guidance for preparing food and fluids at the correct consistency was already available in the home and staff had received training in this. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

#### Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided and the care plans were reviewed by staff monthly. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

We know from speaking with staff how residents with complex diabetic needs were monitored by regular visits from community nursing. When we looked at the care records we saw that they did not fully describe the management of the diabetes and any associated risks. We identified this as an area for improvement to comply with the Standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and the development of consents.

### Areas for improvement

One area was identified for improvement. This was in relation to care plans and risk assessments for residents who have diabetes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 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.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

### Activities

Staff told us about the range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed along with photographs of residents participating in these activities.

Residents said that they enjoyed the activities on offer, especially the bingo and the armchair exercise classes.

## Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly and that relatives were also invited. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents and their relatives. We looked at the summary report for the last survey completed in 2018. This indicated that all parties were satisfied with the care, services and facilities in the home.

The lay assessor especially noted how staff coaxed, encouraged and assisted residents 'with great respect and dignity'.

A resident said: "I am very happy here and I really value the care and the company."

A member of staff said: "I am so happy working here, I just love Glasswater. The staff treat the residents like they are their own family and we all work very well together."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives 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

### 6.6 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.**

Staff in the home said that they got good support from the management team which was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

## Managerial oversight

The manager and deputy managers described how they spent time completing managerial tasks to make sure they are satisfied the home runs well.

The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the

systems are in place to ensure the safety of the home, for example, that all fire checks and fire drills are completed.

We looked at the Fire Risk Assessment and saw that it was completed on 23 November 2018 and that numerous actions were to be completed. The deputy manager advised that some works had been completed and later forwarded written confirmation of this.

### **Complaints and Compliments**

The manager advised that she deals with any complaints raised by residents or their family members but that none had been received since the last care inspection. Staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. There were numerous thank you cards displayed in the reception area of the home and one compliment sent to the home is as follows:

“I would like to take this opportunity to thank you and all your team in Glasswater for everything done for (my relative) over his time with you. (He) has always been very content in Glasswater and the interest that your staff have taken in him and the care that he has been afforded to him has been very good overall. In particular can I again mention (two members of staff). These ladies could not have been kinder to (my relative) or to us as his family. It was an extra joy, when visiting (our relative), to find either or both of them on duty. We enjoyed our wee chats with them and hearing how they had such genuine fondness for (our relative). As his relations this made us feel comfortable and happy that, while in their care, he was part of another family. We will miss their kindness very much indeed and I know that (he) also truly appreciated their special attention to him.”

### **Accidents and incidents**

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that some had not been notified to RQIA. This was identified as an area for improvement for the first time during the last care inspection; it is now stated for a second time (see section 6.1).

### **Additional training**

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in oral care, foot care, visual impairments, activities and hearing health.

### **Communication**

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team so that it could be used in the home for the benefit of residents when needed.

## Quality monitoring

The manager is one of the responsible individuals. Mrs Reid described how she ensured that the home was well organised and managed and how an independent party was employed to complete monthly monitoring visits on her behalf.

We looked at the reports of the visits from May to July 2019 and saw that a range of audits had been examined. We discussed with the manager the value of the external person completing detailed analysis of audits such as NISCC registrations, accidents and incidents and falls as an additional line of assurance for the manager.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

## 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 30 1  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 August 2019	The registered person shall ensure that all accidents, incidents and reportable events are notified to RQIA in line with current guidance.  <b>Ref:</b> 6.1
	<b>Response by registered person detailing the actions taken:</b> Going forward all accidents and incidents will be reported to the RQIA in line with current guidance.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 1 c ii  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2019	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• The system of managerial oversight is reviewed to support staff to maintain their registration with their professional body at all times.</li> <li>• The relevant policy and procedure is reviewed to provide guidance for staff regarding registration with their professional body.</li> </ul> <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> Our system of reviewing staff registration with the NISCC along with our policy and procedure has been reviewed and updated.
<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 16.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2019	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.  <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> Our safeguarding policy and procedures has been reviewed and is in line with current guidance.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2019	The registered person shall ensure that care plans and risk assessments are reviewed to fully and accurately reflect the management of residents who have diabetes.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed and amended to reflect the management of residents with diabetes.

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



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