

# Inspection Report

19 December 2022



## Glasswater Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Glasswater Lodge</p> <p><b>Registered Person/s OR Responsible Individual</b> Leslie John Reid Sarah Reid</p>	<p><b>Registered Manager:</b> Sarah Reid</p> <p><b>Date registered:</b> 19/12/2019</p>
<p><b>Person in charge at the time of inspection:</b> Ann Curran (Senior Care Assistant) Sarah Reid (for feedback) James Reid (for Feedback)</p>	<p><b>Number of registered places:</b> 31</p> <p>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.</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 29</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 31 persons. Residents' bedrooms, communal lounges and the dining room are all located on one level and residents have access to a communal garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 December 2022 from 10:20am to 3:55pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

#### 4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; “the staff are more than good” and “I couldn’t be better looked after”. Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as “I find it good” and “I enjoy the food mostly”.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaire

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes an overview of the environment, consultation with residents, their relatives and staff and has a meaningful action plan in place where required.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement required further work to ensure it was met and therefore has been stated for a second time. This is discussed further in section 5.2	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a personal medication record is in place for all residents and that it is signed and verified as correct by two members of staff when it is written or updated.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that in the care record for an identified resident: Care plans accurately reflect the recommendations of the Dietician and the SALT and are updated if recommendations change.</p> <p>A falls risk assessment should be completed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an audit is completed to identify vanity units which require repair and/or replacement and that action is taken to carry out the required repairs or replacements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records are maintained in accordance with good practice and legislative requirements and that correction fluid is not used to make required alterations or changes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

Review of training records evidenced that a number of staff were required to attend manual handling updates. The manager confirmed that training dates had been arranged for these members of staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was observed 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. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other health professionals. Residents' care records were held confidentially

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place.

Care plans reflected the residents' needs regarding the use of pressure relieving mattresses. However the recommended mattress setting was not recorded in the care plan reviewed of one identified resident. Additionally this resident's risk assessment for pressure damage had not been reviewed regularly. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was a choice of meals offered, however a choice of drink was not routinely offered with the meal. Two residents requested glasses of water during the serving of the meal which they received. One resident had changed her mind in regards to her meal but there was none of the alternative meal available. A choice of drinks and provision for alternative meal choices should be available if a resident changes their mind; this was identified as an area for improvement.

Staff advised that they were made aware of residents' nutritional needs.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

The home's most recent fire safety risk assessment was dated 9 November 2022. An Action Plan was in place to address the recommendations made by the fire risk assessor.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Residents said that they were satisfied that the home was kept clean and tidy.

### **5.2.4 Quality of Life for Residents**

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day on where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Sarah Reid has been the manager in this home since 19 December 2019.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. However audits completed in relation to the environment were not being carried out regularly; this was discussed with the manager who agreed to include the environment in their programme of audits. Some deficits were noted in relation to maintenance of the environment, namely three radiators covers that required painting in some of the bathrooms. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI). The reports of these visits were completed and evidenced consultation with residents, their relatives and staff, however required more detail in regards to aspects of the running of the home and should include an overview of the environment. The need for improvements in the monthly monitoring report was identified during the previous inspection and an area for improvement was made; this area for improvement is now stated for a second time.

There was a system in place to manage complaints.



## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	3

\* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Reid, Registered Manager and James Reid, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<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 29  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 February 2023	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes an overview of the environment, consultation with residents, their relatives and staff and has a meaningful action plan in place where required.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Monthly monitoring reports now reflect this.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> On-going from the date of inspection (19 July 2022)	The registered person shall ensure that a personal medication record is in place for all residents and that it is signed and verified as correct by two members of staff when it is written or updated.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2023	<p>The registered person should ensure that residents who require pressure relieving equipment, have a detailed care plan in place and an up to date risk assessment for pressure damage completed.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            One resident using pressure relieving mattress which is noted in care plan however the setting was not noted as this would change according to weight. It has now been added and staff check when doing weekly weights.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2023	<p>The registered person should ensure that a choice of drinks and provision for alternative meal choices should be available if a resident changes their mind at mealtimes.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Drinks previously offered but now set out on tables. Alternative meals usually available. Cook advised to ensure that alternative meals are available at all times if resident changes mind at mealtime.</p> <p>Identified radiator covers have been replaced.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2023	<p>The Registered person shall ensure that the condition of the identified radiator covers are brought up to an acceptable standard of décor.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Identified radiator covers have been replaced,</p>

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



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