

Unannounced Care Inspection Report 20 April 2017



Glasswater Lodge

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glasswater Lodge residential care home took place on 20 April 2017 from 10:00 to 15:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Sarah Reid registered provider and acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 October 2016.

2.0 Service details

Registered organisation/registered person: Leslie John Reid Sarah Reid	Registered manager: Sarah Reid
Person in charge of the home at the time of inspection: Anne Curran, senior care assistant Sarah Reid, acting manager joined for the feedback session.	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia LD (E) – Learning disability – over 65 years	Number of registered places: 31

3.0 Methods/processes

Prior to inspection the following records were analysed: the report of the last inspection and notifications of accidents/incidents since that date.

During the inspection the inspector met with 13 residents, four care staff, two ancillary staff and two resident's relatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file
- Five resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents

- Accident/incident/notifiable events register
- Annual Quality Review report
- 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

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 Schedule 2 Stated: First time To be completed by: 1 November 2016	The registered provider must ensure that at all times new staff are recruited in line with regulations Action taken as confirmed during the inspection: A review of the personnel file of recently recruited staff evidenced that all records required were in place	Met
Requirement 2 Ref: Regulation 8 Stated: First time To be completed by: 30 November 2016	The registered provider must provide validation that she and/or staff members have enrolled on the KSF level 5 course with a view to the appointment of a registered manager Action taken as confirmed during the inspection: Correspondence was received at RQIA, from a training organisation, which confirmed that Sarah Reid(acting manager) had registered to undertake KSF level 5 course.	Met

4.3 Is care safe?

The senior care assistant 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, residents' relatives 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 registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. In discussion with a recently recruited staff member she confirmed that she had had a planned induction. In feedback the staff member stated that additional shifts where new staff are supernumerary would be beneficial. The staff member confirmed that she had raised the issue with management and that it had been actioned by the deputy manager.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The senior care assistant 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. A random selection were examined and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior care assistant and review of the staff personnel file of a recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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. Staff confirmed their knowledge in discussion with the inspector and their response to potential scenarios. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse since the last inspection. The senior care assistant confirmed that any

allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained 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 senior care assistant confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The senior care assistant confirmed there were risk management policy and procedures in place. Discussion with the registered manager (at feedback) 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.

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, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior care assistant 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 fresh smelling, clean and appropriately heated.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated May 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 7 March 2017. Fire drills were completed most recently on 14 March 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that the fire alarm systems are checked weekly from a different point.

Emergency lighting and means of escape were checked twice daily including by night staff. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

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, relatives and staff included:

- "I am well looked after in here, the girls are lovely" (resident)
- "We have everything we could want and the staff are good to us" (resident)
- "I trust the home to care for my parent and they keep me informed all the time" (relative)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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

A review of five 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 e.g. manual handling, bedrails, nutrition, falls, 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 their relatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed by the inspector were signed by the resident where possible. Discussion with staff confirmed that a person centred approach underpinned practice and the views expressed by staff evidenced their knowledge of an individualised approach to the provision of care.

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 senior care assistant 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 risk assessments, care plans, care review, accidents and incidents are undertaken on a monthly basis. For example senior staff audit the care files which are then reviewed by the deputy manager. Further evidence of audit was contained within the annual quality report for 2016.

The senior care assistant 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 senior care assistant and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the relatives 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.

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.

Comments received from residents, relatives and staff included:

- "I have the best of both worlds; I am looked after in here and can go out anytime I want"
- "Our parent has improved so much since coming to live here we are so happy with the care" (relative)
- "We know the residents well and try to meet their needs just the way they themselves want" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The senior care assistant 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 was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their relatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The senior care assistant, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents, their relatives 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.

The senior care assistant and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their relatives confirmed that their views and opinions were taken into account in all matters affecting them.

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

Residents are formally consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report for 2016 which was made available for residents and other interested parties to read and a copy was forwarded to RQIA.

Discussion with staff, residents, and relatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employs an activity co-ordinator who for the past several weeks had been working with residents and staff to write and produce a play which was performed on Easter Tuesday as part of the Easter party. This was a major undertaking and all residents participated many with speaking parts. It should be noted that in most of the conversations the inspector had with residents they were keen to share their enthusiasm and enjoyment of this event. Photographs of the event were on view and a CD is being produced and will be shared with relatives who were unable to attend. The home is commended for this initiative.

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.

Comments received from residents and staff included:

- “You should have been here on Tuesday, we had a brilliant day, we all had parts in a play about the Zoo and the staff dressed up as animals. I nearly killed myself laughing” (resident)
- “I was amazed because even residents who normally just sit quietly were all joining in” (resident)
- “It was the best fun ever, just brilliant I wish we could do it again“ (resident)
- “I think the work in the weeks before (the Easter play) and then the day itself brought the residents and staff really close, it was great” (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The senior care assistant 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. The sample of policies and procedures reviewed had been 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 and leaflets available at the entrance of the home.

Review of the complaints records confirmed that there were no complaints recorded since the last inspection.

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 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 acting 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.

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. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered provider is also the (acting) registered manager and is involved in the day to day running of the home.

The registered provider (who was in the home for feedback) 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 employer’s liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant 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.

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.

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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