

# Unannounced Care Inspection Report 26 October 2020



## Glasswater Lodge

**Type of Service: Residential Care Home (RCH)**  
**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 residential care home registered to provide care for up to 31 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Glasswater Lodge</p> <p><b>Responsible Individuals:</b> Leslie John Reid Sarah Reid</p>	<p><b>Registered Manager and date registered:</b> Sarah Reid 19 December 2019</p>
<p><b>Person in charge at the time of inspection:</b> Diane Patterson, assistant manager</p>	<p><b>Number of registered places:</b> 31 The home is approved to provide care on a day basis only to 6 persons.</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 home on the day of this inspection:</b> 26</p>

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection took place on 26 October 2020 between 10.15 and 15.30 hours. The inspection sought to assess whether the home provided safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- care delivery
- care records
- the internal environment
- governance and management arrangements

Residents said that they received good care in Glasswater Lodge and that staff treated them with courtesy and kindness.

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>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Diane Patterson and James Reid, assistant managers, 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents and three care staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the assistant manager with 'Tell Us' for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- recruitment record of a recently appointed staff member
- staff training
- staff supervision and appraisal
- competency and capability assessments
- daily handover reports
- staff registrations with professional body
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- two residents' care records
- fire risk assessment certificate

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 17 December 2019. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We reviewed the recruitment records of a recently employed member of staff. We saw that all necessary checks were completed to ensure that staff were safe to work in the home.

The assistant manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We found that staff competency and capability assessments were completed for staff who were left in charge of the home in the manager's absence. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We also saw that additional training was also provided for staff, if required.

### 6.2.2 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Staff told us that anyone entering the home had a temperature and symptom check completed. Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. Whilst staff generally used PPE according to the current guidance, we saw, however,

that some staff wore masks either below their chin or below their nose for short periods. We also saw that some staff wore jewellery on their wrists or fingers. This is not in keeping with best practice guidance and was identified as an area for improvement.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. There was discussion with the manager about the importance of staff ensuring that residents have an opportunity to wash their hands before each mealtime in order to further reduce the potential for infection.

### **6.2.3 Care delivery**

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I have lived here for (several) years now and it think it’s brilliant. The staff are lovely. I need a bit of help with things like washing and dressing. The staff help me in a way that makes me feel comfortable and preserves my dignity, they talk me through what they are doing and it give a good opportunity to have a good chat with staff....I like my room as it is bright and comfortable. The staff really couldn’t do enough for me, they are great!”
- “I’ve been here now for a good while. The staff are great, very friendly and helpful and the food is lovely. I enjoyed having visits, but these are stopped now because of this Covid, but I can keep in touch by phone.”
- “This is a good place to live. I am able to get out each day for a short walk.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls or use Facetime with their families in order to reassure relatives. Arrangements had been in place on an appointment basis to facilitate relatives visiting their loved ones at the home but this had again been suspended.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

### **6.2.4 Care records**

We reviewed the care files of two residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. We saw that residents who were at risk of falls had a person-centred care plan which included medications associated with falls. This represented good practice.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.5 The internal environment**

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment and the manager confirmed that all recommendations had been actioned.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the assistant managers and the manager and described them as supportive, approachable and always available for guidance.

We looked at the arrangements to provide staff with regular supervision and an annual appraisal. Whilst all staff had an appraisal, or there were firm plans in place for an appraisal, we saw that not all staff supervisions had taken place throughout 2020. The assistant manager advised that staff supervisions had been disrupted due to the Covid-19 pandemic. This was identified as an area for improvement.

There was a system of audits which covered areas such as accidents and incidents, falls and care records. This helped to ensure that the management team had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the assistant manager provided assurance that complaints would be managed appropriately and that the management viewed complaints as an opportunity to learn and improve.

We could see that compliments were received by the home. An example of one compliment was: "To all of the wonderful staff at Glasswater – a huge thank you for all you are doing for the residents of Glasswater. When we stand at our front doors and applaud the NHS, we include you, very much at the coal face, in our thoughts. You all do an amazing job, treating each resident as an individual, doing your best to protect, stimulate and nurture each person with great patience and gentleness. It is such a comfort to us to know how secure and content (our relative) is at Glasswater. Thank you (kitchen staff) too, for the homely cooking and great baking!"

## Areas for improvement

Two areas for improvement were identified during the inspection. These related to the implementation of aspects of IPC measures and to staff supervisions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Feedback from the five residents who responded to the questionnaire evidenced that they were satisfied or very satisfied with all aspects of care and services provided in Glasswater Lodge.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diane Patterson and James Reid, assistant managers, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that effective infection prevention and control measures are implemented, specifically in regard to hand hygiene and the wearing of surgical masks.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            A check and sign has been added to the daily shift report for the senior in charge to complete before meals confirming that as before all residents have had their hands sanitised. All staff have been reminded that as before all masks but be used correctly.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2020	<p>The registered person shall ensure that staff are provided with regular supervision no less than every six months.</p> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Staff supervision have resumed and will continue as before the covid outbreak when staff had regular supervisions with management.</p>

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



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