



Unannounced Care Inspection Report 27 November 2018



Glasswater Lodge

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 31 beds that is registered to provide care for older people, people living with dementia and for older people who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Glasswater Lodge Responsible Individuals: Mr Leslie John Reid Mrs Sarah Reid	Registered Manager: Mrs Sarah Reid (Acting Manager)
Person in charge at the time of inspection: Mrs Sarah Reid	Date manager registered: 23 September 2014
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD (E) – Learning disability – over 65 years	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.

4.0 Inspection summary

An unannounced care inspection took place on 27 November 2018 from 09.50 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and 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 staff recruitment, induction, training, supervision and appraisal, care records, communication, listening to and valuing residents and to governance arrangements and good working relationships.

Two areas requiring improvement were identified. These related to reporting of accidents, incidents and reportable events and to the home's environment.

Residents said that they enjoyed living in the home and that staff treated them with kindness.

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

4.1 Inspection outcome

Regulations	Standards
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Total number of areas for improvement	1	1
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Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 May 2018.

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 previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, assistant manager and deputy manager, seven residents, two care staff, the kitchen assistant and the laundry assistant. No visiting professionals and no residents' representatives were present.

Twenty questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Fifteen questionnaires were returned by residents or residents' representatives. No questionnaires were returned by staff within the agreed timescale.

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

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Equipment maintenance records
- Accident, incident, notifiable event records
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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 most recent inspection dated 24 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas of improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 10 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (f) Standard 29.6 Stated: First time To be completed by: 30 May 2018	The registered person shall ensure fire drills are held regularly in the home and at least annually. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of fire drill records confirmed that such drills are now undertaken monthly.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 30 May 2018	The registered person shall replace rusted rubbish bins Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of the premises confirmed that the metal bins were replaced with a suitable alternative.	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Some bank staff were used in the home and this did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the deputy manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice. There were also arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy was reviewed during a previous care inspection and was found to be consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff and that training in child protection had also been provided.

The deputy manager advised that no adult safeguarding issues had arisen since the last care inspection. All suspected, alleged or actual incidents of abuse 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 deputy manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The assistant manager advised there were restrictive practices within the home, notably the use of pressure alarm mats for some residents and that restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A previous care inspection established that there was an infection prevention and control (IPC) policy and procedure which was in line with regional guidelines. A review of staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with care, kitchen and laundry 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted, however, that light pull cords in communal bathrooms were not covered in wipeable sheaths, the surface of a cabinet surrounding a sink was damaged and could not be effectively cleaned and two toilet frames were slightly damaged and rusted in some areas. Action was required to ensure compliance with the standards in relation to these issues.

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. No malodours were detected in the home.

It was established that one resident smoked. A review of the care records of this resident identified that a risk assessment and corresponding care plan had been completed in relation to smoking.

The home had an up to date fire risk assessment in place dated 23 November 2018. The deputy manager advised that the full written risk assessment was being prepared by the fire risk assessor and that all recommendations arising would be addressed.

Discussion with the deputy manager and a review of staff training records confirmed that staff completed fire safety training twice annually. A review of fire drills records confirmed that these were completed monthly and included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems and emergency lighting were checked weekly. All systems and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- “There is always lots of staff about and they come to me very quickly if I use my call bell, even at night. I know where the bell is and the staff make sure I can reach it. If I need anything, the staff make sure that I get it. I am very pleased with my room. It is kept lovely and clean and comfortable. I get a good night’s sleep. The food is lovely and I get plenty to eat and drink.”

Staff spoken with during the inspection made the following comments:

- “When I came here to work I got a good induction and I get regular supervision. There is lots of staff on duty.”
- “I think there are good staffing levels here. I got a good induction when I started and I was able to shadow staff for the first while so I was able to learn from experienced staff. The manager also arranged for me to get all of my essential training before I started. I am also being supported by Glasswater to do further qualifications in health and social care.”

Fifteen completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents or their representatives were as follows:

- “Best home ever! My mum loves this place.”
- “Great home.”
- “Lovely staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and supervision and appraisal.

Areas for improvement

One area for improvement was identified during the inspection. This related to the home’s environment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of three residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) 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/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The inspector observed the breakfast and lunch services in the home. Residents who spoke with the inspector reported that breakfast was a leisurely event in the home. Staff advised that breakfast was served at times to suit those residents who wished to rise early and those who preferred to rise later in the day. Residents were provided with choices at all meal times and the menu for lunch and evening meals was clearly displayed in the dining room.

It was noted that kitchen staff plated meals and these were taken to the dining room and served to residents. The portions were appropriate and additional portions were offered. Hot and cold drinks were available. Residents who spoke with the inspector reported that they always enjoyed the food and that they were satisfied with the choices, quality and the amount of food provided.

Staff advised that a varied and nutritious diet was always provided to meet the individual and recorded dietary needs and preferences of the residents. Kitchen staff were able to describe how individual food preferences were established with new residents. The catering kitchen was noted to be well equipped and clean. Staff described the arrangements in place to ensure that there was a plentiful supply of ingredients and foodstuffs.

A review of care records identified that there were systems in place to regularly record residents' weights. Staff were able to describe how any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within individual residents' care plans and associated risk assessments. Staff had received training in the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure that any textured fluids or diets were safely provided to residents.

The deputy manager advised that there were no residents currently accommodated who had damage to their skin. Staff advised that they were able to recognise and respond to pressure area damage observed on residents' skin. Referrals would be made to the multi-professional team to address areas any concerns identified in a timely manner and wound care would be managed by community nursing services.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Fifteen completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Discussion with the management team established 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 review of care records identified that written consents were in place in relation to care and treatment. Discussion with residents and staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment; menus and the activity programme, for example, were written in a large print format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Staff advised that residents were consulted with, at least annually, about the quality of care and environment and the latest consultation had just been completed. The findings from the consultation would be collated into a summary report and action plan which would be made available for residents and other interested parties to read. The report of the annual consultation and the home's annual quality report will be examined at the next care inspection.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection there was a quiz and residents described how they regularly participated in the weekly armchair exercise class. The deputy manager advised that the exercise class was led by a physiotherapist and that this activity was paid for by the home. Arrangements were in place for residents to maintain links with their friends, families and wider community and residents and staff described how visitors were welcomed into the home.

Residents spoken with during the inspection made the following comments:

- "This is a very good place and the staff are great!"
- "The staff are absolutely lovely. They work very hard but they do their work cheerfully. There's lots for me to do during the day, if I want to, but I really like reading in my room, but later today I will go to the quiz and tomorrow I'll go to the armchair exercise class."

Staff spoken with during the inspection made the following comments:

- "I think the quality of care in Glasswater is good. The staff make sure that everyone is treated well."
- "I think the care is good. Working here is not like a job, it's more of a pleasure to come here to work with the residents. I love to see them enjoying life and having good care. I do worry, though, about how I would cope if a resident was to leave or die, but I know my colleagues would be there to provide support."

Fifteen completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The deputy manager outlined the management arrangements and governance systems in place within the home and advised that 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. There was discussion about the benefit of making application for two additional categories of care in order that people with a disability other than sensory disability could be accommodated. The manager agreed to submit such an application to RQIA.

The deputy manager advised that no complaints had been received since the last care inspection. It was noted that information for residents and/or their representatives on how to make a complaint was displayed in the home. RQIA's complaint poster was also displayed. The area of complaints was reviewed during the last care inspection and found to be satisfactory. This area will be examined during the next care inspection.

The home retained compliments received, for example, there were numerous thank you letters and cards displayed.

A review of care records identified two events which were not reported to RQIA in accordance with the legislation and procedures. Each event was, however, effectively documented and reported to the resident's family and to the trust. Action was required to ensure compliance with the regulations in relation to the reporting of accidents, incidents and reportable events. The management team was signposted to RQIA's guidance on this matter.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager had recently completed the Qualification and Credits Framework (QCF) level 5 diploma in adults' residential management and the deputy manager was in the process of completing the same qualification.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff and that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, hearing aids and tinnitus, pressure ulcer care, equality and diversity.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The returned QIP confirmed that the registered providers responded to regulatory

matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

There was discussion with the management team in relation to the categories of care for which the home was registered. The manager was later advised by telephone that an application to RQIA for the addition of categories for physical disability under and over 65 years could be made.

Residents spoken with during the inspection made the following comments:

- "I know that if I had a question about my care I can go to James (deputy manager) and he would sort it out for me. I think the home is very well run, everything goes smoothly."

Staff spoken with during the inspection made the following comments:

- "The team working here is excellent. There are good systems in place to make sure that the home works well."
- "I get good support from my colleagues and from management."

Fifteen completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to notifications to RQIA of accidents, incidents and notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 1</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2018</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>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Up-to-date with current guidance.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • light pull cords in communal bathrooms are covered in wipeable sheaths or are replaced with a suitable alternative • the surface of a cabinet surrounding a sink is repaired or replaced • two toilet frames are replaced <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All of the above replaced.</p>

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



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