



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Glasswater Lodge**

**28 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 10 20 to 15 30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being partially met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the QIP within this report were discussed with Mr and Mrs Reid, registered persons and Mrs P Simpson, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Sarah Reid	<b>Registered Manager:</b> Sarah Reid (acting)
<b>Person in charge of the home at the time of inspection:</b> Anne Curran senior care assistant until 2.00 pm then Pamela Simpson, deputy manager.	<b>Date manager registered:</b> 23 September 2014 (acting capacity)
<b>Categories of care:</b> RC-LD(E), RC-I, RC-DE	<b>Number of registered places:</b> 31
<b>Number of residents accommodated on day of inspection:</b> 27	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Processes

Prior to inspection we analysed the following records: the last inspection report and quality improvement plan and notifications of accidents/ incidents.

During the inspection the inspector met with 11 residents, four care staff, two ancillary staff, and one resident's visitor.

The following records were examined during the inspection: four care files, policies on the management of continence and death and dying, accidents/ incidents, staff rotas and record of complaints.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 12 June 2015. The completed QIP was returned and approved by the care inspector.

Areas to follow up/be addressed were in relation to the recruitment of a registered manager and the wedging open of fire doors.

## 5.2 Review of requirements and recommendations from the last Care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 8 (1) (a) (b) (i) (ii) (iii) (2) (a) (b)	<p>The registered provider is required to appoint an individual to manage the residential care home in accordance with the criteria in regard to qualifications, skills and experience, detailed in DHSSPS Residential Care Homes Minimum Standards (2011). RQIA must be informed of the individuals name and the date the appointment will take effect.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The registered persons had advertised and recruited for the position of registered manager on two occasions. Both times a candidate had been offered and had accepted the post. On both occasions the successful candidates(s) had decided not to take up post at the last minute. Mrs Reid continues to undertake the role of acting manager until an appropriate registered manager can be recruited.</p>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (4) (b)	<p>The registered person must ensure that fire doors are not wedged open at any time. If there is an operational requirement for a fire door to be held open, then a suitable hold open device, linked to the premises fire detection and alarm system must be installed. In the case of a bedroom door "swing free" door closer, linked to the fire detection and alarm system would be currently recognised as the most suitable option.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There were no doors wedged open on the day of the inspection. Automatic hold open devices had been fitted.</p>	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is Care Safe? (Quality of life)

Residents are able to spend their final days in the home unless there are documented healthcare needs which would prevent this. We were informed that there has not been a death in the home for some time. Staff spoke of two deaths that had occurred in the home in the past. Staff who had been involved described their role in caring for residents who were very ill and at end of life stage. Staff were aware of when to contact the General practitioner (GP) and of the importance of keeping families updated on the resident's condition. Staff were knowledgeable of the importance of nutrition and hydration for residents who were very ill. The care files we examined did not contain an end of life care plan. A recommendation has been made in this regard.

#### Is Care Effective? (Quality of management)

The home had a policy on death and dying. We were informed that when a resident dies in the home his/ her room is left untouched until families are ready to remove any personal belongings. Priests and ministers are contacted if this is the resident's wishes. Families are welcome to remain with a very ill resident and the home provides regular tea and coffee. We were informed that when a resident dies other residents are told individually and sensitively.

#### Is Care Compassionate? (Quality of care)

Staff we spoke with stated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff spoke affectionately of residents who had died in the home. Staff were able to articulate the values that underpin good care as they relate to death and dying.

#### Areas for Improvement

Care files should include a care plan on death and dying.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### Theme: Residents Receive Individual Continence Management and Support

#### Is Care Safe? (Quality of life)

The home had a policy on the management of continence. A review of residents' care files found that an assessment and care plan was in place in relation to continence. Staff with whom we spoke were aware of the system of referral for specialist continence advice/ support. Incontinence products are ordered for individual needs. We inspected the storage of the products and found it ordered and neat. Continence products are disposed of in line with infection control guidelines.

## Is Care Effective? (Quality of Management)

Records showed that training for staff in the management of continence was provided in July 2015. Staff confirmed that adequate supplies of protective gloves, aprons and hand sanitisers were available. Our discussion with staff, observation of care practice and inspection of records identified no mismanagement in this area.

## Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was under taken in a discreet and private manner.

## Areas for improvement

There were no areas of improvement identified with this theme.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Residents

We spoke individually with 11 residents who spoke positively of the care they receive in Glasswater. Residents looked well and an outside professional was in the home to attend to their hair. Residents were noted moving freely about the home and it was evident that individual preferences were respected. A selection of comments made by residents included:-

- “It’s not the same as your own home, but the staff are very good to us”
- “I like it and the food is good”
- “I enjoy sitting in my own room and staff pop in and out to see if I’m O K “

### 5.4.2 Relatives

We spoke with one relative who was visiting in the home. The relative was keen to explain how content the family are with the care provided to their family member. The relative described the anxiety experienced by searching for a residential care home and stated that in the local area Glasswater Lodge had a good reputation. The relative said that she was very pleased with the manner in which the home has looked after her family member. She confirmed that family are made to feel welcome when they visit and that she is kept involved with and informed of her loved one’s progress. Comments we received included:

- “I can’t praise it (the home) enough. The staff are so kind”
- “This is a special place”
- “The staff are very sensitive to needs”

### **5.4.3 Staff Views**

We spoke informally with all staff on duty and in private with four individually. Staff spoke knowledgeably about the residents. Staff with whom we spoke reported that they feel a good standard of care is provided for the residents. Staff specifically mentioned the influence of the deputy manager in a general improvement in the care practices in the home. Staff stated that they work well together as a team and will “cover each other’s’ shifts if needed”

In observation of staff practice we found it to be timely, respectful and caring.

### **5.4.4 Staffing Levels**

At the beginning of the inspection there was one care assistant and one senior care assistant to provide care duties. We were informed that a care assistant had called in sick which left the staffing levels short. Night staff had remained on duty to assist with residents’ rising and breakfasts. An additional care staff had been contacted and came on duty at around midday. Given the short notice this is acceptable as a reasonable response. The duty rota showed that care staffing levels were normally meeting minimum requirements.

### **5.4.5 Care Files**

We examined four care files. The deputy manager stated that much work had been undertaken to review and develop the care files and improvement was noted. However, some details were not present within the files and they had not been signed by the resident and/ or their representative. A recommendation has been made in relation to the development of the care files as follows:

- A care plan should be in place where a need has been identified
- Assessment and care planning should be undertaken in partnership with the resident and his/ her family and their signatures should be obtained to verify their involvement.

### **5.4.6 Environment**

Our inspection of the internal environment found it to warm, bright and clean. Communal areas had a variety of seating arrangements to suit individual residents. There were no doors wedged open. The laundry was neat and well ordered.

It was noted that several bathroom fittings were rusted in part. This may pose an infection control risk. A recommendation has been made that the manager undertakes an infection control audit of bathrooms and en suites and addresses any issues identified.

### **5.4.7 Fire Awareness**

Fire training was last provided for 18 staff on 8 October 2015. The training included a mock evacuation of the home. The fire alarm system is checked weekly and the outcome recorded.

### 5.4.8 Registered Manager

The registered persons had advertised and recruited for the position of registered manager on two occasions and both times a candidate had been offered and had accepted the post. On both occasions the successful candidate(s) had decided not to take up post at the last minute. Mrs Reid continues to undertake the role of acting manager until an appropriate registered manager can be recruited.

#### Areas for improvement

The home should continue to actively recruit an appropriate registered manager.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr and Mrs Reid and the deputy manager, Pamela Simpson, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to office and assessed by the inspector.



It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation</p> <p>Regulation 8 (1) (a) (b) and 8 (2) (a) (b)</p> <p>Stated: Third time</p> <p>To be completed by: 31 March 2016</p>	<p>The home should continue to actively recruit a registered manager who meets the requirements of the legislation and the minimum standards.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> <i>The Home continues to actively seek a registered manager.</i></p>
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### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2016</p>	<p>Care records should include and individual end of life care plan for each resident.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> <i>Care records are presently being reviewed to include end of life care plans and agreement with families etc sought.</i></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2016</p>	<p>Care plans should be developed to meet all needs identified by the assessment and should be shared with residents and/or their next of kin. The signatures of residents and/or their representatives should be obtained to show their participation in the process.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> <i>Care plans are presently being reviewed and all identified needs developed. Signatures of resident and/or representatives will be obtained to show their participation.</i></p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 28 .1 Reference 5.4.6 in this report.  <b>Stated:</b> First time  <b>To be completed by:</b> 28 02 2016	An audit of bathrooms should be undertaken in line with infection control guidelines. The audit should identify rusted fittings which should then be repaired/made good.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> All bathrooms have been audited and appropriate action taken to address infection control.		
<b>Registered Manager completing QIP</b>	P. Simpson Assistant manager	<b>Date completed</b>	11 <sup>th</sup> March 2016
<b>Registered Person approving QIP</b>	S. Reed	<b>Date approved</b>	11 <sup>th</sup> March 16
<b>RQIA Inspector assessing response</b>	Jo Browne	<b>Date approved</b>	31/3/16.

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