

Inspection Report

19 July 2022



Glasswater Lodge

Type of service: Residential Care Home
Address: 1 Glasswater Road, Crossgar, BT30 9DN
Telephone number: 028 4483 0518

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Glasswater Lodge</p> <p>Responsible Individual: Mr Leslie John Reid Mrs Sarah Reid</p>	<p>Registered Manager: Mrs Sarah Reid</p> <p>Date registered: 19 December 2019</p>
<p>Person in charge at the time of inspection: Mrs Ann Curran, Senior Carer</p>	<p>Number of registered places: 31</p> <p>A maximum of six persons in RC-DE category of care. One identified person in RC-LD (E) category of care. The home is approved to provide care on a day basis only to six persons. One identified person until November 2019 in RC-PH and one identified person in RC-PH (E) after November 2019.</p>
<p>Categories of care: Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 26</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>Glasswater Lodge is a residential care home which is registered to provide care for up to 31 residents.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 July 2022, from 10.45am to 2.30pm. This was completed by a pharmacist inspector.

The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

The outcome of this inspection concluded that mostly safe systems were in place for the management of medicines. One new area for improvement has been identified regarding ensuring that personal medication records are in place for all residents as detailed in the report and QIP.

Whilst an area for improvement was identified, RQIA can conclude that overall, the residents were being administered their medicines as prescribed.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff and residents views were also obtained.

4.0 What people told us about the service

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspector also met with senior care staff and the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

Eight questionnaires were returned all with positive feedback on the care provided in Glasswater Lodge including comments such as “the staff are excellent” and “the home feels like a home away from home”.

5.0 The inspection

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

Areas for improvement from the last care inspection on 8 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes an overview of the environment, consultation with residents, their relatives and staff and has a meaningful action plan in place where required.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that in the care record for an identified resident: Care plans accurately reflect the recommendations of the Dietician and the SALT and are updated if recommendations change. A falls risk assessment should be completed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that an audit is completed to identify vanity units which require repair and/or replacement and that action is taken to carry out the required repairs or replacements.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 22 Stated: First time	The registered person shall ensure that records are maintained in accordance with good practice and legislative requirements and that correction fluid is not used to make required alterations or changes.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for most residents. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed most of the personal medication records when they were written and updated to state that they were accurate. One resident's personal medication record could not be located at the time of the inspection and one personal medication record had not been signed or verified by a second member of staff. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. One care plan required an update to reflect a recent change in prescribed medication and the deputy manager confirmed that this would be actioned immediately.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan were in place.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. The date of disposal/transfer for a small number of controlled drugs had not been recorded and balances had not been brought to zero; this was discussed for corrective action and close monitoring.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents from hospital. Hospital discharge letters had been received and a copy had been forwarded to the resident's GP. The residents' personal medication records had been accurately completed. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* The total number of areas for improvement includes four which are carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Mr James Reid, Deputy Manager and Mrs Ann Curran, Senior Carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: Ongoing from the date of the inspection (8 November 2021)	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes an overview of the environment, consultation with residents, their relatives and staff and has a meaningful action plan in place where required. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Ongoing from the date of the inspection (19 July 2022)	The registered person shall ensure that a personal medication record is in place for all residents and that it is signed and verified as correct by two members of staff when it is written or updated. Ref: 5.2.1 Response by registered person detailing the actions taken: New system has been put in place for staff to check all medication records are moved to new file at the beginning of each new medication cycle. (Check and sign sheet). (As it was found in last months file). All medication files have been checked, rewritten or updated as necessary, signed and verified as correct by two members of staff.
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: Ongoing from the date of the inspection (8 November 2021)	The registered person shall ensure that in the care record for an identified resident: Care plans accurately reflect the recommendations of the Dietician and the SALT and are updated if recommendations change. A falls risk assessment should be completed. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2022</p>	<p>The registered person shall ensure that an audit is completed to identify vanity units which require repair and/or replacement and that action is taken to carry out the required repairs or replacements.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection (8 November 2021)</p>	<p>The registered person shall ensure that records are maintained in accordance with good practice and legislative requirements and that correction fluid is not used to make required alterations or changes.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

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