

Unannounced Care Inspection Report 20 May 2016 and 25 May 2016



Glasswater Lodge

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Inspectors: Ruth Greer and Alice McTavish

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 May 2016 from 23.30 to 02.30 and on 25 May 2016 from 10.00 to 16.30.

The inspection was undertaken in response to a whistle blowing concerns raised anonymously with the RQIA by telephone call on 17 May 2016. The inspection sought to address the issues highlighted in the telephone call and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two requirements were made in relation to the need to:-

- complete competency and capability assessments for staff left in charge of the home in the absence of the manager
- have an up to date fire safety risk assessment undertaken of the home

A recommendation was made that annual care reviews are arranged with the commissioning trust and other relevant stakeholders when significant changes or events occur which have an impact on residents.

Is care effective?

A requirement was made that care plans shall be kept under review to reflect residents' current needs. A recommendation was made in relation to the quality and maintenance of daily progress notes. There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in relation to compassionate care. There were examples of good practice found throughout the inspection in relation to listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

Two requirements were made in relation to the need to:-

- ensure that any allegations are managed in line with the adult safeguarding policies and procedures to protect the health and welfare of residents
- ensure that all adult safeguarding issues are notified to RQIA and all other relevant stakeholders in a timely manner in line with adult safeguarding policies and procedures

One recommendation was made in relation to a systematic three yearly review of the home's policies and procedures.

Enforcement action was considered as a result of these issues. A serious concerns meeting was deemed the most appropriate response due to the potential adult safeguarding implications associated with the lack of robust governance arrangements and oversight in this area.

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	5	5 (Two of which are stated for a second time)

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sarah Reid, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the findings of this inspection the registered providers were invited to attend a serious concerns meeting at RQIA which may lead to enforcement action being taken.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Glasswater Lodge	Registered manager: Sarah Reid
Person in charge of the home at the time of inspection: 20 May 2016, Christine Quigley Senior Care Assistant. 25 May 2016, Sarah Reid, Acting manager.	Date manager registered: Acting Manager since 23 September 2014
Categories of care: LD(E), Learning disability – over 65 years I, Old age not falling within any other category DE, Dementia	Number of registered places: 31
Weekly tariffs at time of inspection: £494 plus third party contribution of £55	Number of residents accommodated at the time of inspection: 29 (including four in hospital)

3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection, notifications of accidents/incidents since the last care inspection and whistle blowing information received at RQIA on 17 May 2016 from an anonymous source.

During the inspection we met with twelve residents individually and with others in groups, the acting manager, the registered provider, five care staff, the laundry assistant, two residents' relatives, one resident's representative and two visiting professionals.

The following records were examined during the inspection:

- Policy on whistle blowing
- Policy on safeguarding vulnerable adults
- Policy on accidents
- Policy on moving and handling
- Policy on staff training and development
- Policy on recording and reporting care practice
- Staff duty rota
- Staff training records
- Staff competency and capability records
- Records of accidents and incidents
- Staff communication diary
- Care records of six residents

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 January 2016

The most recent inspection of Glasswater Lodge was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 8 (1) (a) (b) and 8 (2) (a) (b) Stated: Third time To be completed by: 31 March 2016	The home should continue to actively recruit a registered manager who meets the requirements of the legislation and the minimum standards.	Met
	Action taken as confirmed during the inspection: Discussion with the registered person and the acting manager confirmed that recruitment of a registered manager who meets the requirements of the legislation and the minimum standards remains ongoing.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2 Stated: First time To be completed by: 28 February 2016	Care records should include an individual end of life care plan for each resident.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of care records confirmed that care records included an individual end of life care plan for each resident.	
Recommendation 2 Ref: Standard 6. 3 Stated: First time To be completed by: 28 February 2016	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.	Partially Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of care records identified that the process had been completed for some but not all residents. This recommendation is therefore stated for a second time.	

<p>Recommendation 3</p> <p>Ref: Standard 28 .1 Reference 5.4.6 in this report.</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2016</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting manager confirmed that an audit of bathrooms was completed. Inspection of bathrooms evidenced that repairs to equipment had been undertaken and improvement was noted. Equipment in one bathroom, however, was noted to be rusted .This recommendation is therefore stated for a second time in relation to one bathroom identified at this inspection.</p>	<p>Partially Met</p>
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4.3 Is care safe?

Whistle blowing information received from an anonymous source on 17 May 2016 raised the concern that staffing levels were short, particularly at night.

On the evening of 20 May 2016, there was one senior care assistant and one care assistant on duty. On the day of 25 May 2016 the following staff were on duty –

- 1 x one acting manager
- 1 x senior care assistant
- 3 x care assistants
- 1 x domestic staff
- 1 x laundry assistant
- 2 x catering staff

On 20 May 2016, night duty staff informed inspectors that they were, at times, busy and felt that an additional staff member would be beneficial, especially if any resident was unwell and needed a higher level of assistance. Night duty staff also said that there were nights when the home was quiet.

Staff on day duty on 25 May 2016 confirmed that staffing levels were sufficient to meet the needs of residents. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. One resident, however, observed that more dependent residents may occasionally have to wait a short while before receiving assistance.

Discussion with the acting manager confirmed that there was an on call arrangement whereby additional staff could be called upon to supply assistance during the night, if required. The registered provider informed inspectors that staffing levels had been maintained despite a reduction in resident numbers due to hospital admissions.

Whistle blowing information received from an anonymous source on 17 May 2016 raised the concern that junior staff were in charge at night without relevant training.

Staff on duty on the evening of 20 May 2016 included a senior care assistant who was designated person in charge of the home in the absence of the acting manager.

The staff members advised inspectors that she had been employed in this position for several years and was confident in her knowledge and ability to undertake this role. The staff member, however, stated that she had not had a competency and capability assessment for taking charge of the home.

The senior care assistant on duty on the 25 May 2016 confirmed that a competency and capability assessment had been undertaken. Examination of this record confirmed that this had been completed in 2014. A requirement was made that up to date competency and capability assessments shall be in place for any person who is given the responsibility of being in charge of the home for any period of time in the absence of the manager.

Whistle blowing information received anonymously on 17 May 2016 raised the concern that staff had been sleeping whilst on night duty. No evidence of this was found by inspectors on the evening of 20 May 2016. Discussion with night staff confirmed that this practice no longer occurs, although staff stated that this may have occurred in the past. Night staff were observed by inspectors to respond promptly to any calls for assistance by residents.

Whistle blowing information received from an anonymous source on 17 May 2016 raised the concern that some residents who required two staff and a hoist to complete transfers, for example, from bed to chair, were being moved manually by staff without the aid of a hoist; this may endanger both the resident and staff.

A recommendation was made that the acting manager should ensure that care reviews are arranged with the commissioning trust and other relevant stakeholders when significant changes or events occur which have an impact on residents.

During inspection of the premises on the evening of 20 May 2016, inspectors noted that the door to a resident's bedroom was held open by a chair. The resident was asleep in the room. On 25 May 2016, in discussion with the acting manager, it was identified that the home's fire safety risk assessment was last completed in September 2014. The document noted a review date of September 2015. The acting manager stated that the fire safety risk assessment had not been renewed.

A requirement was made that an up to date fire safety risk assessment is undertaken of the home.

Areas for improvement

Two areas of improvement were identified within the area of safe care. Requirements were made in relation to the need to:-

- complete competency and capability assessments for staff left in charge of the home in the absence of the manager
- have an up to date fire safety risk assessment undertaken of the home

One recommendation was made in relation to annual care reviews.

Number of requirements:	2	Number of recommendations:	1
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4.4 Is care effective?

Whistle blowing information received from an anonymous source on 17 May 2016 raised the concern that was a shortage of continence products.

Discussion with staff, inspection of the premises and observation of care practice confirmed that there were adequate supplies of personal protection equipment, liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Discussion with the acting manager and staff identified that there had been difficulties in the ordering of continence products. This had arisen after residents in the home for respite care had not brought adequate personal continence supplies. This led to the supplies for permanent residents being used for respite residents and resulted in a temporary shortage of supplies. This situation had been successfully resolved.

During inspection of care records it came to the attention of inspectors that there was an inconsistent method of communication between staff members; this was particularly in respect of recording in residents daily progress notes. Progress notes were recorded electronically; however, the progress notes recorded by night duty staff were completed in hard copy, loose leaf and were unsigned and undated.

A recommendation was made that all care records should be signed and dated by the person making the entry, also that the acting manager reviews the system of maintaining written records to better meet the needs of the home.

Observation of care practice on 25 May 2016 confirmed the use of a hoist for residents' transfers. A review of staff training records identified that moving and handling training was provided to care staff on 14 January 2016. Inspection of residents' care records identified that the changing needs of several residents were not adequately reflected in the plan of care. For example, the care plan of one resident stated that the resident was able to mobilise with the assistance of one person. A reassessment of the resident's needs had been undertaken by the community rehabilitation team. The outcome of the reassessment was that the resident required the assistance of two people to mobilise. In addition, no care review to reassess the effectiveness of the care provided within the home was undertaken since May 2015.

A requirement was made that care plans shall be kept under review to reflect residents' current needs.

Areas for improvement

Two areas of improvement were identified in the area of effective care. One requirement was made in relation to care plans being kept under review to reflect residents' current needs. A recommendation was made in relation to the quality and maintenance of daily progress notes.

Number of requirements:	1	Number of recommendations:	1
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4.5 Is care compassionate?

There were no concerns raised from the anonymous source in relation to the standard and the delivery of compassionate care. Inspectors spoke with twelve residents individually and with others in groups. Feedback from residents and from three residents' representatives was very positive. Comments included:-

- "I've settled – people are kind."
- "I've been in other places and this one is very good."
- "The girls (staff) are good to me."
- "I've been here for 18 months. They are very good."
- "I like it here. The staff are very kind. They took me to Downpatrick to get new sandals and we had a cup of tea."
- "The staff are all very good to me. One night I set off my staff call bell and they were with me very quickly. I know that staff use the vacuum cleaner in the lounges at night, but it doesn't disturb me at all."
- "The manager and another staff member took me and another resident to Balmoral Show last week. We had a great day out."
- "I have everything I want and need here. The food is good and I get plenty of drinks of water, milk and tea throughout the day. I don't need much help with anything so I don't tend to call staff for anything, but I think if I called, they would come to me quickly. I have no complaints but I would be comfortable about going to any of the staff. I think this is a good place."
- "I think this is a great place, I am very happy here. My room has a lovely view across the fields and it is very quiet. My room is kept beautifully clean and I enjoy looking out over the garden from the dining room. The chef has hung up food for the birds and I enjoy watching them."

Three residents' representative expressed satisfaction with the care provided within the home.

- "I think the care is good."
- "This place is by far the best place for my (relative). She had been in respite care in other homes a few times. When she needed to go into care, we looked at several homes and chose here as it was so clean and fresh and my (relative) had visited friends here and this was the only place she wanted to come to. We visit very frequently and at different times of the day. I have always found the staff to be friendly and helpful, and that there is plenty of staff around, for example, I came in one morning recently and found staff were sitting beside my (relative), helping her with her breakfast. I find the staff are always cheery and have a great way with my (relative) and the always know the needs of the other residents. I am very happy with my (relative's) care here because she is so happy."

A visiting professional stated "The staff are lovely and they report anything of concern to me and carry out treatment as directed."

Inspectors noted that a physiotherapy led chair based exercise class, which supported a falls prevention programme, was in progress on the morning of 25 May 2016. The physiotherapist advised inspectors that this was part of a weekly programme and was commissioned privately by the home.

Inspectors also noted that a volunteer was present in the home with a dog; it was evident that residents enjoyed this activity.

Observation of interactions between residents, residents' representatives and staff demonstrated that residents were treated with dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Whistle blowing information received from an anonymous source on 17 May 2016 raised the concern that domestic duties were being carried out by night staff and the manager shouts at staff for not doing what they're told.

Discussion with staff and a review of the staff communication diary confirmed that duties for night staff included the dusting, tidying and vacuuming of two communal lounges. The acting manager advised inspectors that this was less disruptive to residents who used the lounges during the day and evening. There was no evidence of other domestic duties being undertaken at night.

A review of staff training records identified that training in mandatory areas was provided for staff in January 2016. In discussion with staff we noted that some staff funded their own mandatory training whilst others did not. All staff must be appropriately trained and competent in relation to their respective roles. However there are clear inequities in relation to how training courses are funded. This inequity could be reviewed by the acting manager.

A range of policies and procedures was available for staff guidance. A review of a sample of policies and procedures identified that some had not been reviewed for many years. A recommendation was made that policies and procedures should be subject to a systematic three yearly review.

During inspection of care records it came to the attention of inspectors that behavioural changes had occurred in relation to one resident. The changing behaviours resulted in several incidents which impacted on the wellbeing of other residents in the home.

Whilst the home had appropriately reported to the resident's medical and community nursing teams and to the resident's care manager, such incidents should also have alerted staff to recognise potential adult safeguarding concerns. The manager had devised an informal protection plan for other residents. This was evidenced within the care records and during discussions with staff. The manager, however, failed to report the incidents under adult safeguarding protocols and failed to notify RQIA. In addition, no care review to reassess the effectiveness of the care provided within the home was undertaken since January 2015.

A review of the home's policy in relation to adult safeguarding, 'Protection of Vulnerable Adults' dated January 2014 contained details of when the Trust's adult safeguarding officer should be informed of incidents. A review of staff training records identified that training on the protection of vulnerable adults had been provided for all care staff on 14 January 2016.

A requirement was made that the registered person must ensure that any allegations are managed in line with the adult safeguarding policies and procedures to protect the health and welfare of residents. A further requirement was made that the registered person must ensure that all adult safeguarding issues are notified to RQIA and all other relevant stakeholders in a timely manner in line with adult safeguarding policies and procedures.

Enforcement action was considered as a result of these issues. A Serious Concerns meeting was deemed the most appropriate response in order to discuss the issues in relation to adult safeguarding and the need for robust governance arrangements and oversight in this area.

Areas for improvement

Three areas of improvement were identified within the area of well led care. Requirements were made in relation to the need to:-

- ensure that any allegations are managed in line with the adult safeguarding policies and procedures to protect the health and welfare of residents
- ensure that all adult safeguarding issues are notified to RQIA and all other relevant stakeholders in a timely manner in line with adult safeguarding policies and procedures

A recommendation was made that policies and procedures are subjected to systematic three year review.

Number of requirements:	2	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sarah Reid, acting manager, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk 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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 30 June 2016	The registered person shall ensure that up to date competency and capability assessments are in place for any person who is given the responsibility of being in charge of the home for any period of time in the absence of the manager. Response by registered person detailing the actions taken: <i>All competency's have been completed and all staff appraisal are carried out annually.</i>
Requirement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 30 June 2016	The registered person shall ensure that the residents' care plans are kept under review. Response by registered person detailing the actions taken: <i>All care plans have been updated and all seniors made aware of the need to keep care plans updated/revised as required.</i>
Requirement 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 25 May 2016	The registered person shall ensure that any allegations are managed in line with the adult safeguarding policies and procedures to protect the health and welfare of residents. Response by registered person detailing the actions taken: <i>Completed</i>
Requirement 4 Ref: Regulation 30 (1)(d) Stated: First time To be completed by: 25 May 2016	The registered person shall ensure that all adult safeguarding issues are notified to RQIA and all other relevant stakeholders in a timely manner in line with adult safeguarding policies and procedures. Response by registered person detailing the actions taken: <i>In the light of the ongoing situation we will notify RQIA of any incidents going forward.</i>
Requirement 5 Ref: Regulation 27 (4)(a) Stated: First time To be completed by: 30 June 2016	The registered person shall ensure that an up to date fire safety risk assessment is undertaken of the home. Response by registered person detailing the actions taken: <i>Completed 30/6/16</i>

REGULATION AND QUALITY

20 JUL 2016

Recommendations			
Recommendation 1 Ref: Standard 6.3 Stated: Second time To be completed by: 30 June 2016	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.		
	Response by registered person detailing the actions taken: <i>Sometimes difficult to get relatives, however we are working as a priority to oversee this.</i>		
Recommendation 2 Ref: Standard 28.1 Stated: Second time To be completed by: 30 June 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.		
	Response by registered person detailing the actions taken: <i>Completed</i>		
Recommendation 3 Ref: Standard 8.5 Stated: First time To be completed by: 30 June 2016	The registered person should ensure that care records are signed and dated by the person making the entry, also that she reviews the system of maintaining written records to better meet the needs of the home.		
	Response by registered person detailing the actions taken: <i>All care staff now using the computer, this is now completed.</i>		
Recommendation 4 Ref: Standard 11.4 Stated: First time To be completed by: 30 June 2016	The registered person should ensure that care reviews are arranged with the commissioning trust and other relevant stakeholders when significant changes or events occur which have an impact on residents.		
	Response by registered person detailing the actions taken: <i>These will be arranged as and when significant changes or events occur.</i>		
Recommendation 5 Ref: Standard 21.5 Stated: First time To be completed by: 30 June 2016	The registered person should ensure that policies and procedures should be subject to a systematic three yearly review.		
	Response by registered person detailing the actions taken: <i>All policies and procedures are currently under review.</i>		
Registered manager completing QIP	<i>S. Reid</i>	Date completed	15-7-15
Registered person approving QIP	<i>S. Reid</i>	Date approved	15-7-15
RQIA inspector assessing response		Date approved	



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