

Inspection Report

Name of Service: Glasswater Lodge
Provider: Glasswater Lodge
Date of Inspection: 4 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Glasswater Lodge
Responsible Persons:	Mr Leslie John Reid and Mrs Sarah Reid
Registered Manager:	Mrs Sarah Reid
<p>Service Profile: Glasswater Lodge is a residential care home registered to provide health and social care for up to 31 residents. Residents have a range of needs, including, old age not falling within any other category, dementia, physical disability and learning disability. The home also provides care on a day basis for up to six persons.</p> <p>Resident's bedrooms, communal lounges and the dining room are all located on one level and residents have access to a communal garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 September 2025, from 10.15am to 2.45pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to: the management of distressed reactions, care plans for pain management, crushing medicines to aid compliance, medicines for new admissions and controlled drugs records. Whilst areas for improvement were identified, there was evidence that medicines were administered as prescribed.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

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

3.0 The inspection

3.1 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 against the regulations and standards, 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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA received seven completed questionnaires from service users or their relatives and all were satisfied with how their medicines are managed in Glasswater Lodge.

RQIA did not receive any responses to the staff survey following the inspection.

3.3 Inspection findings

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

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a 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 each resident with the exception of one newly admitted resident, see Section 3.3.4. 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 were generally accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance.

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

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

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 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 distressed reactions, was reviewed for two residents. Directions for use were clearly recorded on the personal medication record. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. However, resident-centred care plans were not in place and records of administration did not include the reason for and outcome of each administration. An area for improvement was identified.

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. However, care plans were not in place for two residents and one resident's care plan required updated to reflect the most recent prescription. An area for improvement was identified.

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

Medicine 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.

Records reviewed 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 medicine 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. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 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. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

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. Review of the controlled drug record book and discussion with staff indicated that the administration of controlled drugs had not been witnessed by a second member of staff on the morning of the inspection. An area for improvement was identified.

Occasionally, residents may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the resident's care plan. A care plan was not in place to direct care when this practice occurred and there had been no review by a GP or pharmacist. An area for improvement was identified.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. The manager agreed to add the findings of this inspection to the monthly medicine audit for ongoing monitoring.

3.3.4 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.

Arrangements in place to manage medicines at the time of admission or for residents returning from hospital were reviewed. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicines were administered as prescribed however, for one new resident there was no personal medication record in place and the handwritten medicine administration record had not been checked and verified as accurate by a second member of staff. An area for improvement was identified.

3.3.5 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 the learning shared with staff in order to prevent a recurrence.

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

3.3.6 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 they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	9*

* the total number of areas for improvement includes eight which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sarah Reid, Responsible Person and Registered Manager, and the deputy manager 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 Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The registered person shall ensure that a personal medication record is in place for all residents including new admissions.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Senior staff have been reminded to write an accurate personal medication record for each new resident on their admission and to ask another trained member of staff to check it for accuracy and countersign it when done. This check has also been added to the monthly medication audit which is carried out by management.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the supervision and storage of Steradent denture cleaning tablets and to ensure that storage rooms are kept secured when not in use.</p> <p>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.</p> <p>Ref: 2.0</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement is made in relation to the following area:</p> <ul style="list-style-type: none"> - Equipment used by residents, for example, raised toilet seats and shower chairs that have evidence of rust must be repaired or replaced to allow effective cleaning.
	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that the Regulation 29 reports are robust and clear on the actions required to drive the necessary improvements in the home and to ensure compliance with the regulations and standards.</p> <p>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.</p> <p>Ref: 2.0</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The registered person shall review the management of medicines prescribed to manage distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • a care plan is in place to direct care. • the reason for and outcome of each administration is recorded. <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Care plans have been added for those residents who require any medication for the management of distressed reactions. Seniors are now recording the reason for administration and the outcome in the note section of their medication records. This check has been added to the care plan audits and also the monthly medication audits which are carried out by management.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The registered person shall ensure that a care plan is in place to direct care when medicines are prescribed to manage chronic pain.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans have been added to include pain management medication for those residents who did not already have one in place. This check has been added to the care plan audit and also the monthly medication audits which are carried out by management.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The registered person shall ensure that a trained member of staff checks and witnesses the administration of controlled drugs.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Seniors were reminded to ask another member of staff to witness and countersign the administration of controlled drugs. This is now being done routinely and will be checked by management while auditing the medication files.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The registered person shall ensure that when a resident requires their medicines to be crushed to assist administration this only occurs following review with a pharmacist of GP and is detailed in the resident's care plan.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: There is one resident currently requiring their medication to be crushed, this has been checked by her GP and the pharmacist as safe to do so and this is recorded in their care plan.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that all residents have a completed pre-admission assessment which includes all necessary information relating to the resident and the delivery of their care.</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: 2.0</p>

<p>Area for improvement 6</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that any resident who is subject to Deprivation of Liberty Safeguards (DoLS) has an up to date care plan in place, which details the rational for the DoLS and is kept under regular review.</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: 2.0</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The registered person shall ensure that the frequency of the homes environmental audit is increased, in order to ensure that any deficits or concerns within the homes environment are managed effectively and action taken to drive improvements.</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: 2.0</p>
<p>Area for improvement 8</p> <p>Ref: Standard 1.5</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The registered person shall ensure that action plans are created following resident’s meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and date it is to be achieved by.</p> <p>Where there are no actions identified at resident’s meetings this should be recorded in the minutes.</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: 2.0</p>
<p>Area for improvement 9</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The registered person shall ensure that staff meeting records include any actions identified, the person responsible for addressing the action and the date to be achieved by.</p> <p>Where there are no actions identified at staff meetings this should be recorded in the minutes.</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: 2.0</p>

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