The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glasswater Lodge

Provider: Glasswater Lodge

Date of Inspection: 9 December 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 Mrs Sarah Reid
Registered Manager:	Sarah Reid

Service Profile –

This home is a registered residential care home, which provides 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 6 persons.

Resident's bedrooms, communal lounges and the dining room are all located on one level and residents have access to a communal garden.

2.0 Inspection summary

An unannounced inspection took place on 9 December 2025, between 10.10 am and 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to residents, and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time, and

five will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "Very attentive" and "Nice". Residents spoken with said that they were happy living in Glasswater Lodge. Comments included, "I am very well looked after," "The staff could not be nicer," and "I love it here, it's all very good."

Residents told us that staff offered them choices throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

Staff said that they enjoyed working in Glasswater Lodge, staff said; "It's a good staff team. I like working here," and "It's great here the staff are all good."

A visitor to the home said, ""I love it, I am very happy with the care."

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. Gaps were identified in the checklist for staff registration to the Northern Ireland Social Care Council (NISCC), this was discussed with the management team and evidence that new members of staff had applied to become registered with NISCC was submitted post inspection. Enhancement of the NISCC checklist was discussed with the management team and this will be reviewed at a future inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

It was observed that the door to the office containing residents care records was not closing properly, this was discussed with the management team who agreed to have this fixed, this will be reviewed at a future inspection.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. It was observed that there was no care plan or risk assessment in place for one resident who was using a portable heater. Staff confirmed that the heater was new and had only been in the room from the previous day, confirmation via email was received following the inspection that this was now in place; this will be reviewed at a future inspection.

Gaps were identified in the signing and dating of care records, this included falls observation sheets, care plans and risk assessments. The importance of signing all documentation was discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, access to communal toiletries and cough medicine. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. However, three fire doors were found to be propped open throughout the home. This was brought to the manager's attention for immediate action, an area for improvement was identified.

Infection prevention and control deficits were identified, for example, equipment used by residents such as a number of raised toilet seats and one commode were found to be rusted and could not be effectively cleaned. Details including photographic evidence was shared with the home's management team during feedback. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sarah Reid has been the Registered Manager in this home since 19 December 2019.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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	3*	6*

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation and four standards which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** 31 December 2025	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: - 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. Ref: 3.3.4

	Response by registered person detailing the actions taken: This issue has been resolved by the maintenance person.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 9 December 2025	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. Ref :3.3.4
	Response by registered person detailing the actions taken: Staff are now checking rooms each morning and removing any items that could be hazardous. This has also been added as a routine weekly check, which has been added to a check sheet to be signed when done.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing (4 September 2025)	The registered person shall ensure that a personal medication record is in place for all residents including new admissions. Ref :2.0
	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 the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)	
Area for improvement 1 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall ensure that all records are kept up to date, legible and signed. This area for improvement relates to care plans, risk assessments and post fall observation records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff have been reminded to sign & date all documentation and management have included checks for this on audits.
Area for improvement 2 **Ref:** Standard 29	The registered person shall sure that the practice of wedging open fire doors in the home ceases immediately.

Stated: First time **To be completed by:** 9 December 2025	Ref: 3.3.4
	Response by registered person detailing the actions taken: Some residents have stated that they want their doors left open slightly during the night. It has been explained to them that this is a fire hazard and is not permitted. Door wedges have been removed.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** Immediate and ongoing (4 September 2025)	The registered person shall review the management of medicines prescribed to manage distressed reactions to ensure that: • a care plan is in place to direct care. • the reason for and outcome of each administration is recorded. Ref :2.0
	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 4 **Ref:** Standard 6 **Stated:** First time	The registered person shall ensure that a care plan is in place to direct care when medicines are prescribed to manage chronic pain. Ref :2.0
To be completed by: Immediate and ongoing (4 September 2025)	**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 5 **Ref:** Standard 33 **Stated:** First time	The registered person shall ensure that a trained member of staff checks and witnesses the administration of controlled drugs. Ref :2.0
To be completed by: Immediate and ongoing (4 September 2025)	**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 6 **Ref:** Standard 6 **Stated:** First time **To be completed by:**	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. Ref :2.0

Immediate and ongoing (4 September 2025)	**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.**

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

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