



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Lakeland Community Care
Establishment ID No: 10914
Date of Inspection: 9 March 2015
Inspector's Name: Amanda Jackson
Inspection No: IN020800

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Lakeland Community Care
Address:	Belcoo Enterprise Centre Railway Road Belcoo BT93 5FJ
Telephone Number:	02866386934
E mail Address:	mail@lakelandcare.org.uk
Registered Organisation / Registered Provider:	Lakeland Community Care Ltd/ Mr Patrick McGurn
Registered Manager:	Mr Patrick McGurn
Person in Charge of the agency at the time of inspection:	Mr Patrick McGurn and Mary Bannon (Quality and Training manager)
Number of service users:	350
Date and type of previous inspection:	Primary Announced Inspection 29 August 2013
Date and time of inspection:	Primary Unannounced Inspection 09 March 2015 09.45 to 14.45 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	2
Relatives	8
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	35	23

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Lakeland Community Care, Belcoo, provides a range of domiciliary care services to older people and others within the Western Trust's geographical area. The services are designed to meet the needs of service users through individualised care plans which may require service provision over a 24 hour period. The service is provided to around 350 service users (a decrease of 50 since the previous inspection) by 140 staff. In order to meet the personal needs of service users, the agency provide: personal care, mobility care, household duties, diet and medication care. In conjunction with the Trust, the agency provides each service user with a care plan and carries out a review of the plan on an annual basis.

Lakeland Community Care had two requirements made during the agency's previous inspection on 29 August 2013. One requirement was confirmed as 'compliant' with one requirement not reviewed.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Lakeland Community Care was carried out on 9 March 2015 between the hours of 09.45 hours and 14.45 hours. The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 25 and 26 February 2015 and a summary report is contained within this report. Findings following these home visits were discussed with the registered person/manager and the training and quality manager during the inspection.

The inspector had the opportunity to meet with two staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Six requirements and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

35 staff surveys were issued and 23 received which is a reassuring response.

A range of staff comments were included on the returned surveys and reflected very positively on the agency, a number of these have been included in the report:

“I feel the agency gives a high level of care and a great service to all clients and workers within the agency, any queries or problems are dealt with swiftly.”

“They keep up with a training and let us know all the is going on with care in the working area, provide cover if we need the time off, or sick, great to work for.”

“I have worked with LCC and in the very last seven years I have been very impressed with the organisation.”

“Lakeland community care's aim is to provide a high standard of professional care that complies with the standards set by the Northern Ireland Social Care Council and to provide dignity, independence, rights, choice, fulfilment and privacy to all service users and their relatives.”

“L.C.C. good quality care in the community helping clients to stay in their own home.”

“A high quality of care provided.”

“I am happy with Lakeland Care and feel I would be supported with any problems I may have with service users and think they give good care support and training.”

“Very helpful staff and always willing to listen.”

“As a carer in the community I feel I am able to carry out my duties in a professional understanding and caring manner.”

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with six service users and eight relatives on 25 and 26 February 2015 to obtain their views of the service being provided by Lakeland Community Care. The service users interviewed have been using the agency for a period of time ranging from approximately three months to nine years and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was concerning to note that the majority of the people interviewed were unable to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place in their home. However, the UCO was informed that there were no complaints regarding the quality of care being provided by the staff from Lakeland Community Care and they are aware of whom they should contact if any issues arise. Examples of some of the comments made by service users or their relatives are listed below:

- "Happy with the carer."
- "Two very good girls."
- "No complaints at all."
- "Good communication between us and the agency."
- "Getting very good attention."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of five service users. No issues were identified with the agency's log sheets, however only one file contained a copy of the service user's care plan and risk assessment. The matter was discussed with the registered manager as part of the inspection and is to be addressed.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **moving towards compliance** in relation to this theme.

The agency's Statement of purpose dated June 2014 and the policy on Management and control of operations dated August 2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered person/manager and quality and training manager during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection however review of the policy and procedure is required to clearly outline practices for management staff and timeframes for all staff supervision.

Monthly monitoring processes are currently in place and operational but not found to be compliant with standard 8.11. The report template has been recommended for update during inspection to include an area for staff competence matters as appropriate together with all other areas recommended under standard 8.11 regarding service user/relative, staff and commissioner feedback.

Records regarding incidents were not reviewed during inspection as no incidents had occurred.

An annual report had not been compiled by the agency for 2014 and this was recommended during inspection.

Two requirements and two recommendations have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3), 13(b) and 16(2)(a) and the revision of the staff supervision and appraisal policy and process for all management staff in line with Regulation 16. Recommendations relate to standard 8 and review of the current monthly and annual quality review processes and reports maintained.

Theme 2 - Records management

The agency has achieved a level of **moving towards compliance** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and reporting care practices' dated December 2014 which was found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files by the UCO prior to the inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of restraint dated June 2013 which was reviewed as satisfactory but has been required for inclusion into the staff handbook.

The agency currently provides care to a number of service users that require some form of restraint. The manual handling risk assessment in relation to this area was reviewed for one service user to be fully detailed in this respect.

The agency has a policy or procedure on 'Handling Service Users Monies' dated November 2014 which was confirmed as appropriate. Records in respect of financial arrangements were not available for review at inspection due to recent change of premises and this has been required for immediate attention.

Staff training, spot checks, supervision and appraisal for care staff were not found to be compliant during inspection and have been required for attention within set timeframes.

Five requirements (two which overlap with theme one requirements) have been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012. Staff spot checks, supervisions and appraisal compliant with Regulation 16(2)(a) and (4). Review of the staff handbook has been required in line with regulation 17 together with regulation 21 and 16 regarding all records appropriately maintained for review at the agency premises.

Theme 3 – Recruitment

The agency has achieved a level of **moving towards compliance** in relation to this theme.

Review of the agency recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to a statement by the registered person/manager regarding staff fitness to practice and gaps in employment. Confirmation of staff contracts and job descriptions in line with standard 11 were also recommended for review.

One requirement has been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 21(1)	The written records kept for each service user must meet the requirements of this regulation and of the Minimum Standard 5.2	Review of five service user files by the RQIA UCO during service user home visits confirmed compliance with requirement 1.	Once	Compliant
2	Regulation 5(1)	The statement of purpose for the agency must include all of the information specified in Schedule 1(5) of the Regulations.	This requirement was not reviewed during inspection but confirmed by the training and quality manager to have been completed in line with the previous QIP requirements.	Once	Not applicable

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager has managed the agency since 2008. The registered manager undertakes appropriate training to ensure he has the necessary skills required for managing the company, in accordance with RQIA's guidance on mandatory training for providers of care in regulated services. The registered manager attends monthly meetings with the Board of Directors and is annually appraised by the Board.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated June 2014 and the policy on Management and control of operations dated August 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person/manager together with the deputy manager, Training and quality manager, co-ordinators and all other staff including management and care staff.</p> <p>Training records for the registered person/manager were found to be in place regarding a few of the areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to Vulnerable adults, Moving and handling which was out of date November 2013, Service user monies completed November 2014 but not specific to service users as opposed to organisational money management, Restraint/challenging behaviour, and food hygiene. A few of the mandatory training areas were also reviewed as out of date as detailed above and have been recommended for renewal. The registered person/manager has also completed training in the areas of supervision and appraisal in November 2014 and this is to be commended.</p> <p>A number of areas of training reviewed included a competency assessment element however this was not evident for all areas.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p> <p>The registered person/manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development. The registered person/manager is however involved in trust meetings and those with IHCP in terms of keeping abreast of developments in domiciliary care.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from May 2012 to May 2015.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Monthly reports are completed by the quality manager and action taken if required. Any medication errors are reported by staff to the registered manager. This would then be reported to the service users social worker and a report sent to RQIA.</p> <p>The effect of training is evaluated by workplace performance evaluation checks and completion of evaluation forms. All staff have an annual appraisal and a development plan put in place if required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policies and procedures (separate documents) dated April 2014 were clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal and did not specify timeframes for staff supervisions although appraisals were stated as annual. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the registered person/manager currently takes place on an annual basis and was reviewed for 2014. Supervision takes place four to five times annually and was reviewed during inspection for 2014 in compliance with these timeframes.</p> <p>The inspector did not review the agency log of incidents reported through to RQIA over the past year as no</p>	<p>Moving towards compliance</p>

incidents have occurred since the previous inspection.

Monthly monitoring reports are currently completed by the training and quality manager and submitted to the registered person/manager for review. Review of three recent monthly reports during inspection for February and January 2015 and December 2014 were found to be detailed, concise and compliant regarding matters relevant for the agency on a monthly basis such as new referrals, complaints, incidents, staff training and supervision etc however the reports do not reflect feedback from service users/relatives, staff and commissioners as an integral part of monthly quality monitoring in line with standard 8.11. The reports are not currently signed off by the registered person and this has also been recommended for review at inspection. The inspector recommended the agency to review the RQIA template for monthly monitoring to ensure all relevant matters are captured in line with standard 8.11 together with staff competency as appropriate.

The agency had not completed their annual quality review for the year 2014 hence the inspector could not review if the report included an evaluation of staff training completed in 2014 and their proposed future training. Completion of this report has been recommended.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All carers receive training before commencing work and also shadow an experienced carer on commencement of work. Should training be in specific techniques be required this is carried out by the district nurse who then deems the carer to be competent in the specific technique. Management, office staff and senior carers have completed appraisal and supervision training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated May 2012 which sits alongside the annual staff training schedule for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the deputy manager did not appear to be up to date regarding any mandatory training areas since 2010/11 despite the manager currently being on maternity leave. Training records for the training and quality manager were found to be in place regarding several areas of mandatory training including Vulnerable adults, medication, manual handling and fire awareness but were not reviewed during inspection for all other mandatory areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The deputy manager and the training and quality manager have completed training in the area of Leadership and</p>	<p>Moving towards compliance</p>

supervision in 2011 but this course did not reference appraisal training. The deputy manager has also completed supervision and appraisal training in November 2014 and this is to be commended. Review of appraisal training for the training and quality manager has been recommended during inspection.

Most areas of training reviewed did not include a competency assessment. Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for management staff.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>Work practice is monitored by carrying out spot checks.Co-ordinators and senior staff have an annual appraisal with their line manager and a personal development plan put in place if required.</p> <p>Medication errors are reported to the service users social worker and to RQIA.</p>	Compliant
Inspection Findings:	
<p>Supervision for the deputy manager had taken place three times during 2014 along with an annual appraisal. Supervision for the training and quality manager had taken place four times during 2014 along with an annual appraisal. The inspector was unable to confirm specific timeframes for appropriate supervision given that the agency policy does not specify supervision timeframes and requires review in terms of requirements for management staff supervision. All matters have been requested for review during inspection.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving toward compliance

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>All records relating to staff and service users are maintained and available for inspection by RQIA. Records kept in the service users home are completed by carers on each visit. These include arrival and departure times, tasks completed, any concerns with the service user, any reports to the line manager. The report is signed and dated and are also available for inspection. The records should be stored in a safe place.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording and reporting care practices dated December 2014, Handling service user's monies dated November 2014 and the Restraint policy dated June 2013 were reviewed to be in place during inspection. The staff handbook details recording and reporting and handling service users monies but has been recommended to include restraint/challenging behaviour guidance for staff.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on a separate record for medication administration. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. • The agency hold a money agreement • Shopping recorded on daily evaluation sheet but not available for review at inspection due to recent change of premises. • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template does not includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were</p>	<p>Moving towards compliance</p>

reviewed for three staff members during inspection and confirmed as moving towards compliance in these areas. A number of areas were found not to be up to date and have been requested for review.

The Quality and training manager discussed records management as a regular topic for discussion during staff meetings/group supervision however records of staff meetings were not available for review during inspection to evidence this topic. The agency has recently moved premises and all records have not been transferred to the new office to date.

Review of five service user files by the UCO prior to the inspection confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given and a full list of medication in service user's homes. Review of five service user files by the UCO confirmed only one file to contain a care plan and risk assessment and this has been required for attention.

Review of one service user record during the inspection and discussion with the registered person/manager confirmed that restraint is in place for a number of service users in respect of bedrails or lapbands. Review of the service user file during inspection evidenced documentation within a manual handling risk assessment.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>All staff receive training on safe handling of money at their induction training and are made aware of LCC policy on handling money.LCC do not promote the handling of money by carers except in exceptional circumstances.If this service is required, staff must complete the necessary documentation and keep all receipts of any transactions. Agreement between service user, social services and LCC management are signed and approved before any transactions take place. All transactions for services are invoiced through our Care Manager system and payments are made directly to LCC.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with the registered person/manager and quality and training manager during inspection confirmed that a number of service users are receiving financial assistance, for example shopping, from the agency. Records were unavailable for review during inspection due to recent change of premises for the agency and this was discussed for requirement regarding centrally maintained records at all times. The inspector did review the service user money management agreement for one service user to confirm the agency process when such tasks are undertaken, the agreement was confirmed as compliant.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>LCC follow all of the above standards with regard to recruitment of employees. Records of all documentation is kept in the individuals personal file and is available for inspection. All staff are interviewed, PEC checked, references sought and training completed before commencement of employment. During the 6 month probationary period, staff are monitored and evaluated.</p>	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy did not take place during inspection but was confirmed by the registered person/manager and Quality and Training manager as compliant with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to a statement by the registered provider/manager regarding staff fitness to practice and confirmation of gaps in employment. The full driving licence and car insurance were not fully compliant for two staff members reviewed during inspection and these were requested for submission to RQIA for review. All documents were received the day following inspection and confirmed. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were not confirmed during inspection and have been requested for attention.</p>	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed two of the 2013 complaints during the agency's inspection and confirmed all records to be compliant.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the **registered provider/Manager and the Quality and training manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Inspection

Lakeland Community Care

9 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **registered person/manager and Quality and training manager** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)	<p>The registered person/manager is required to ensure implementation of mandatory and additional training across all staff groups (including manager and care staff) to include supervisions and appraisal training for the management staff as appropriate.</p> <p>Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As detailed within theme one, criteria one of the report and within theme two, criteria one.</p>	Once	<p>All staff have completed manual handling training and food hygiene including the manager on 13/4/15. Further training for restraint and challenging behaviour takes place on 21/04/15.</p> <p>A competency assessment is now in place for all mandatory training. Safeguarding Vulnerable Adults training is planned for management and staff on 5/5/15</p>	To be completed by 09/05/15
2	Regulation 16(2)(a) Regulation 16(4)	<p>The registered person/manager is required to review the policy on staff supervision and appraisal to confirm arrangements for management staff and timeframes for all staff supervision and ensure all staff receive supervision, appraisal and spot checks in line with the agency policy timeframes.</p> <p>(Minimum standard 13)</p> <p>As detailed within theme one, criteria two of the report and within theme two, criteria one.</p>	Once	<p>The appraisal policy states that all staff will have an annual appraisal carried out by a suitably qualified person.</p> <p>The supervision policy has been updated to include that all care staff will have 2 formal supervisions every year. They will also have 2 other forms of supervision either spot checks, group supervision, practice supervision or telephone.</p>	To be completed by 09/05/15

3	Regulation 17	<p>The registered person/manager is required to review the staff handbook to include information regarding restraint/challenging behaviour.</p> <p>As detailed within theme two, criteria one of the report.</p>	Once	The policy and procedures relating to restraint and challenging behaviour has now been included in the handbook.	To be completed by 09/06/15
4	Regulation 16(4)	<p>The registered person/manager is required to ensure all staff meeting/group supervision minutes are held on site at all times for inspection purposes.</p> <p>(Minimum standard 13)</p> <p>As detailed within theme two, criteria one of the report.</p>	Once	The minutes of all meetings are now kept on site at our new premises.	To be commenced with immediate effect
5	Regulation 21(1) Schedule 4	<p>The registered person/manager is required to ensure all service user records are up to date and appropriately maintained in the service users home. The registered person/manager is further required to ensure all records are maintained centrally at the agency office for inspector review in the future.</p> <p>(Minimum standard 10)</p> <p>As detailed within theme two, criteria one of the report.</p>	Once	All service users have an up to date care plan which includes risk assessments in their homes. Furthermore copies of the updated careplans are available in the agencies head office.	To be commenced with immediate effect

6	Regulation 13 and Schedule 3 Regulation 21(1) Schedule 4(1)	The registered person/manager is required to ensure all staff recruitment is compliant with Regulation 13 and Schedule 3 and that all records are centrally maintained and available for inspection in compliance with Regulation 21(1) Schedule 4(1) (Minimum standard 11) As discussed within theme three of the report.	Once	All staff recruitment procedures are now compliant with the regulations and records have been updated and held in central office.	To be commenced with immediate effect
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standards 8.12, 1.6 & 1.9	<p>The registered person/manager is recommended to ensure the annual service is completed and issued to service users/relatives and all stakeholders.</p> <p>The report is recommended to include all stakeholder groups including commissioners.</p> <p>As detailed within theme one, criteria two of the report.</p>	Once	Service Users questionnaires, staff questionnaires and purchaser questionnaires have been sent out in April 15. When they are evaluated the outcome of the surveys are sent out to all relevant parties and are available on website.	To be completed by 09/04/16
2	Minimum Standard 8.11	<p>The registered person/manager is recommended to complete monthly monitoring reports as detailed within standard 8.11.</p> <p>As detailed within theme one, criteria two of the report.</p>	Once	Monthly reports are now recorded using the RQIA template to include feedback from service users, relatives, staff and commissioners. These are signed off by the registered manager.	To be commenced with immediate effect

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Pat Mc Gurn
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pat Mc Gurn

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	20/04/15
Further information requested from provider			