



Unannounced Care Inspection Report 20 May 2019



Lakeland Community Care

Type of Service: Domiciliary Care Agency
Address: 1 Lattone Road, Belcoo, Fermanagh, BT935AQ
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Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Lakeland Community Care is a domiciliary care agency based in Belcoo, Fermanagh. The agency provides care and support to 707 people living in their own homes by a staff of 231 care workers. The agency has their services commissioned by the Western Health and Social Care Trust (WHSCT). Services provided include personal care, medication support and meal provision and sitting services. Service users have a range of needs including physical frailty, dementia and learning disability.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Responsible Individual: Patrick McGurn	Registered Manager: Patrick McGurn
Person in charge at the time of inspection: Patrick McGurn	Date manager registered: 07 May 2009

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 10.15 to 16.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered person/manager Patrick McGurn, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 23 April 2018

No further actions were required to be taken following the most recent inspection on 23 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events
- All correspondence received by RQIA since the previous inspection.

During the inspection the inspector spoke with the registered person/manager, the quality manager and four care workers. Feedback received has been included throughout this report.

At the request of the inspector, the quality manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Four staff responses were received and analysis of feedback is included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency office.

Ten questionnaires were provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well care. Ten questionnaires were returned and the feedback indicated they were 'satisfied' or 'very satisfied' with all aspects of the service provided, no comments were noted on the returned surveys.

During the inspection process the inspector had the opportunity to talk with three service users by telephone. The overall perception of the service was very good; their comments were positive.

These are some of their comments:

- "The carers are all very good and very kind to me."
- "I am very happy with the care I am getting and grateful for their help."
- "They are all good and reliable. They know what I need."

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment policy and procedure was discussed with the quality manager who was knowledgeable in relation to safe recruitment practices.

The monthly monitoring reports viewed confirmed that an audit of staff files, including all pre-employment records is carried out on a regular basis, to ensure information is obtained in accordance with required regulations. Records viewed by the inspector confirmed a system for auditing of staff records is in place.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The quality manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their checklist confirming this process.

The induction programme for staff was viewed, which included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff that included shadowing other experienced staff.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles. This practice supports service users to receive a service in which their dignity has been respected, for instance through introductions to new care workers prior to service delivery.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed relevant mandatory training.

Records of training and staff feedback indicated that staff attends a range of training necessary to meet the individual needs of service users including; dementia awareness and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided and their understanding of service user's human rights in all aspects of their lives. One staff member commented: "Refresher training each year is very good, we can ask if we want to learn about other subjects, like soma care training has recently being organised."

There were systems in place to monitor staff performance including spot checks and training feedback and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The quality manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The ASC has not yet completed an annual adult safeguarding position report. However the ASC had a proposed report template and indicated that this would be completed in March 2020. The inspector will review this report during the next inspection.

From the date of the last care inspection there have been no new referrals made to the relevant HSCT in relation to adult safeguarding matters. Records reviewed confirmed their previous referral matter had been managed appropriately, in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. They confirmed that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of the service by promoting their human rights.

The inspector was advised by the service users spoken with, that they had no concerns regarding the safety of care being provided by the agency. New carer workers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new care worker had knowledge of the required care.

The service users consulted with confirmed that they could approach the care workers and/or office staff if they had any concerns. Example of a comment made by a service user:

- "I have no problems, but know I can ask if I need anything or concerns."

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that detailed risk assessments had been completed in conjunction with service users and their representatives.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. Staff also evidenced an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt care being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate

measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The returned questionnaires from service users/relatives indicated that they were 'satisfied' or 'very satisfied' that the care was safe.

The returned questionnaires from staff indicated that they were 'satisfied' that the care was safe; no comments were noted on the returned staff surveys.

Care records and information relating to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with legislation and guidelines.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training and the agency's risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

Two service users' records reviewed by the inspector were noted to include referral information received from the HSC trust. The care plans and risk assessments had been confirmed during the initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. Service users were enabled to exercise the maximum amount of choice and control in the care planning of their commissioned individual care arrangements with the agency.

The quality manager confirmed that during their initial visit, service users are provided with a pack containing a service user guide which is discussed with them. In addition, a risk assessment is completed by agency staff. The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/ support needs and expectations. There was evidence in records reviewed that service users rights were recognised. For instance, the inspector noted a consent form had been signed by a service user with regard to staff administering medication. Care plans also included information about people's preferred communication.

The inspector noted that the agency has collaborated effectively with a range of HSC representatives in relation to managing service user's care needs.

The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives. Staff demonstrated a clear understanding of their reporting processes if they are going to be late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

A sample of service user files confirmed that management staff from the agency had carried out care review meetings with service users/relatives to ensure their needs were being met and in addition had made regular contact by phone and during monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The quality manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the HSC trust detailing agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The returned questionnaires from service users/relatives indicated that they were 'satisfied' or 'very satisfied' that the care was effective.

The returned questionnaires from staff indicated that they were 'satisfied' or 'very satisfied' that the care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staffs spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to staff entering their homes, in line with their human right to a private life; staff described how they have an agreed system to gain entry where the service users are unable to answer the door.

The staff spoken with also gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users' rights to decline care and in recognising the best times for service users to make certain decisions. Staff identified the need to continually communicate with service users.

In addition, staff were respectful of the fact they were working in a service users' own home and their different values and religious beliefs were to be honoured, such as not to visit and interrupt prayer times. All staff spoken with described the value of building relationships with service users, both in gaining their trust and developing an understanding of their individual wishes and preferences. It was good to note that the staffs were promoting the autonomy of service users.

Staff spoken with commented:

- “We mostly visit the same service users, which is so important. It is the best way to build up trust and knowledge of each person’s particular ways and the routines they prefer. Service users can relax with us.”
- “I think this is the best job ever, it is so rewarding when service users are pleased to see me arrive. I help people to have their choice to stay at home; we keep them comfortable and do our best to keep them safe and well.”
- “We work as a great team, I enjoy my work. We have time to carry out all the service user’s needs, and if their needs change, we refer to the office who asks for increased time from the social worker, this is usually confirmed quickly.”
- “We have had a few service users who died recently, this is a sad time for us as we miss them.”

The service users spoken with advised that care workers treated them with dignity and respect, and care has not been provided in a rushed manner. Service users, as far as possible, indicated that they are given their choice in regards to meals and personal care.

Example of a comment made by a relative below:

- “I couldn’t be happier with the service. If I need my time of call changed they are very accommodating and flexible. My safety when having my shower is fully understood by the staffs, which are fully trained and skilled to help me.”

There are processes in place to promote effective engagement with service users, they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘The girls are great, very good and observant, great communication skills, they take time with our relative and are very patient.’(Verbal feedback from family of a service user during quality visit).
- ‘When discussing the quality of care provided, family praised all the care agencies involved and reported that having the care in place has added to the quality of life experienced by the service user. Please pass on the family and my own sincere thanks to all the carers involved, well done.’(Email received from social worker following a service user’s review meeting).

The returned questionnaires from service users/relatives indicated that they were ‘satisfied’ or ‘very satisfied’ that the care was compassionate.

The returned questionnaires from staff indicated that they were ‘satisfied’ or ‘very unsatisfied’ that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

During the course of inspection the inspector was made aware that the agency will be applying to register another domiciliary care agency office at another location. The registered person/manager confirmed they understood the application process with RQIA required.

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and promote quality improvement.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The registered person/manager is supported by an office manager, a quality monitoring/training officer and a human resources manager along with care coordinators and a team of care workers.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

The inspector noted a range of feedback received by the agency following their annual quality review in May 2018. The inspector noted that the information collated into the agency's annual report contained information received from service users, staff and commissioners. Their annual report had been shared with service users and staff during 2018 and included mostly positive feedback. The inspector discussed with the registered person/manager and quality manager their need to include a summary of any negative comments or suggestions within their report and actions planned to address any shortcomings identified.

The agency's quality monitoring reports were reviewed for the past three months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSC representatives and evidenced how any issues arising had been managed. The inspector discussed with the registered person/manager the need to include more details in relation to the service users/relatives/staff/others contacted each month. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken.

The agency maintains and implements a policy relating to complaints. The inspector noted a number of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy and each matter had been resolved. The service users spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. This evidenced that service users and relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisal in line with the agency's policy and procedure; records provided to the inspector confirmed this.

The staff spoken with confirmed that there had good working relationships with management who were responsive to any suggestions or concerns raised. Staff spoken with commented:

- "The office staffs are all very approachable at any time and at weekends. They come back to me quickly when I report any concerns to keep me updated."
- "We have regular supervision meetings which I find helpful, we get to share views and ask for help if needed."

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The quality manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The returned questionnaires from service users/relatives indicated that they were 'satisfied' or 'very satisfied' that the service was well led.

The returned questionnaires from staff indicated that they were 'satisfied' that the service was well led. No comments were provided by any respondent.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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