

Unannounced Care Inspection Report

23 April 2018



Lakeland Community Care

Address: 1 Lattone Road, Belcoo, Fermanagh, BT93 5AQ

Tel No: 02866386934

Inspector: Caroline Rix

User Consultation Officer (UCO): Clair McConnell

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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 778 people living in their own homes who have their services commissioned by the Western Health and Social Care Trust (WHSCT). Services provided include personal care, medication support and meal provision. 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 23 April 2018 from 10.00 to 16.00 hours.

This inspection was underpinned by 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.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

Feedback from service users, families and staff during the course of the inspection was positive.

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. The inspector would like to thank the manager and staff of the agency for their co-operation throughout the inspection.

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 and a care coordinator, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 17 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 August 2017.

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 and Quality Improvement Plan (QIP).
- Record of notifiable events for 2016/2017

As part of the inspection the User Consultation Officer (UCO) spoke with six service users and seven relatives, either in their own home or by telephone, on 24 April 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals.

The UCO also reviewed the agency's documentation relating to five service users.

As part of the inspection the inspector spoke with the registered manager, two care coordinators and three care workers.

During the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Four staff recruitment records
- Four staff induction and supervision records
- Two staff appraisal records
- Four staff training records
- Staff training matrix.
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Four service users' records regarding referral, assessment, care plans and quality monitoring.
- Three monthly monitoring reports.
- Annual quality report for 2017.
- Communication records with HSCT professionals.
- Complaints log
- Compliments log

The findings of the inspection were provided to the registered person/manager Patrick McGurn and a care coordinator at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 17 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) and Schedule 3 (4) (10)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in schedule 3.</p> <p>Schedule 3 –</p> <p>A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Two written references relating to the person , including a reference from the person’s present or most recent employer</p> <p>Ref: 6.4</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed evidence to confirm that full pre-employment information had been obtained in compliance with schedule 3.</p>		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: Second time</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis.</p> <p>(regarding service user quality monitoring in line with agency policy timeframes)</p>	Met

To be completed by: 17 November 2017	Ref: 6.4	
	Action taken as confirmed during the inspection: The inspector reviewed evidence to confirm that quality monitoring relating to service users and staff had been carried out in line with their policy timeframes.	
Area for improvement 2 Ref: Standard 8.12 Stated: Second time To be completed by: 17 November 2017	The registered person shall ensure that key stakeholders are involved in the annual review of the quality of services. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector reviewed evidence to confirm that key stakeholders views and opinions are included within their annual quality review process.	

6.3 Inspection findings

6.4 Is care safe?

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

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The inspector and manager discussed the information required in relation to the statement confirming each new staff member's fitness to carry out the work and the verification of references. Four records sampled confirmed staff pre-employment details have been completed in line with regulations and standards.

The manager confirmed an induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported an induction process lasting more than three days and compliant with Regulation 16(5) (a).

A recently recruited staff member confirmed that induction was robust and included an introduction to Adult Safeguarding. Records reviewed evidenced staff members' registration with NISCC and the manager described the system in place to review staff renewal of registration. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The quality/training manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed evidenced staff mandatory training, quality monitoring, supervision and appraisal had been provided in line with their policy and procedures. The inspector noted that regular quality monitoring in service users' homes is also undertaken by the agency. In addition to the mandatory training staff attend specific training to enable them in the delivery of services such as stoma care and dementia awareness. Staff training records viewed for 2017/2018 confirmed all care workers had completed the required mandatory update training programme.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Lakeland Community Care. New carers 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 carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Treat me well."
- "Very good team."
- "So far, so good."

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing care plans and risks.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record details of the care provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping is reinforced at supervision and during staff meetings.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal.

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 care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. The Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative interviewed also advised that they had experienced one missed call recently from the agency. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers are usually aware of the care required.

No issues regarding communication between the service users, relatives and staff from Lakeland Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "No complaints about any of them."
- "Couldn't do without them."
- "Very happy with the care."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that one care plan contained out of date information. This area was discussed with the manager who confirmed the updated care plan was obtained immediately from the trust social worker and now in place.

Staff spoken with confirmed that they were provided with details of care planned for each new service user.

Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff who spoke with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs are identified. Staff also confirmed ongoing quality monitoring of service users and staff practice is completed by their manager or coordinator to ensure effective service delivery.

The manager could describe the processes used for supporting service users to be involved in the development of their care plans; it was identified that service users are provided with a copy of their care plan and timetable of services during the agency's initial monitoring visit. The inspector noted that the agency coordinators endeavoured to ensure care planning is personalised and regularly reviewed to meet service users' needs.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided. The UCO feedback regarding recent missed calls was discussed with the manager, who confirmed an internal communication issue had been appropriately addressed with the staff involved, with no further issues found.

Questionnaires are provided for service users to give feedback on the service received in May each year. Evidence of this process was discussed with the manager during the inspection in terms of the annual quality report completed for 2017. In line with their quality review process the views of all stakeholders are requested annually, service users, staff and commissioning trust feedback is obtained. The inspector discussed the need for findings from each satisfaction survey to be collated into one annual quality review report, rather than separately as currently noted.

Records of quality monitoring visits were noted to include a review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. The inspector also viewed evidence of effective engagement between the agency's staff and the commissioning trust.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication with staff, service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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:

'Thank you to all the girls, they are very helpful'. (Verbal feedback from a service user during their recent care review meeting).

'Five star service, in particular my two carers, who are very professional at their job' (Service user feedback noted on satisfaction survey 2017).

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Lakeland Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- "Very caring."
- "I love the girls. We get on well."
- "Nice girls. We have a laugh."

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. Records evidenced that where poor staff practice had been identified in this area, appropriate measures had been taken with those staff involved.

Staff comments included:

- "You get to build relationships and trust with service users and their family, which is so rewarding."
- "I love my work, knowing I have helped keep my service users safe and comfortable in their home."
- "I feel that I am really helping."

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for obtaining feedback from service users and stakeholders, effective communication and providing care in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The inspector viewed the management arrangements and found there was a clear organisational structure. The registered person/manager Patrick McGurn leads a team of staff including a quality/training manager, quality assurance assessor, human resources manager, care coordinators and care workers.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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 manager was able to discuss the ways in which staff development and training enables 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 on service users such as; age, gender, disability, marital status via the commissioning trust referral information.

The agency retains a record of all complaints or compliments received. The inspector reviewed a range of complaints records received by the agency since the last inspection. The complaints records sampled indicated that each had been appropriately managed and resolved.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Staffs are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Records of individual staff member's registration are retained by the agency and monitored by the manager on a monthly basis. Discussions with the manager and records viewed provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

Staff comments received during inspection:

- "The office staff are supportive and approachable"
- "The agency is well led and I can speak to a coordinator at any time for advice."

The inspector reviewed the monthly monitoring reports for January to March 2018. The reports evidenced that the quality of service provided is monitored in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and feedback from all stakeholders including HSC trust; and evidenced how any issues arising had been managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring 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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