



The Regulation and
Quality Improvement
Authority

Lakeland Community Care
RQIA ID: 10914
Healthy Living Centre
1 Lattone Road, Belcoo
BT93 5AQ

Inspector: Lorraine O'Donnell
User Consultation Officer: Clair Mc Connell
Inspection ID: IN22856

Tel: (028) 6638 6934
Email: mail@lakelandcare.org.uk

**Unannounced Care Inspection
of
Lakeland Community Care**

17 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 17 June 2015 from 09.45 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the Patrick Mc Gurn, registered person/manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Patrick McGurn	Registered Manager: Mr Patrick McGurn
Person in charge of the agency at the time of Inspection: Mr Patrick McGurn	Date Manager Registered: 7 May 2009
Number of service users in receipt of a service on the day of Inspection: 588	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events since the previous inspection.
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager and responsible persons
- Consultation with staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and eight relatives by telephone, between 5 and 10 June 2015 to obtain their views on the quality of the service. The service users interviewed live in Enniskillen and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Security call.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and their knowledge in respect of the theme areas reviewed. Five staff questionnaires were received post inspection and are referenced within the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review information
- Two service user records in respect of the trust review process

- Three service user records in respect of the agency quality monitoring via telephone or face to face contact
- One service user's specific communication methods
- Three service user records in respect of the agency communication with service users and trust commissioners where changes to services have been identified
- Three staff quality monitoring/supervision records
- Two staff memos regarding service user changes and general information for staff attention.
- Five staff meeting/group discussion records
- Three staff appraisal records
- Staff training in respect of non-verbal communication
- 2014 annual report
- Process for management of missed calls
- Duty log/diary on call record
- On call pack and records
- Three service user records regarding communication with commissioning trust staff via telephone or email
- Three monthly monitoring reports.

5. The Inspection

Lakeland Community Care, Belcoo, provides a range of domiciliary care services to older people and others within the Western Trust's geographical are. The services are designed to meet the needs of the service users through individualised care plans which may require service provision over a 24 hour period. The service is provided for around 588 service users (an increase of 138 since the previous inspection) by 170 staff (an increase of 30 since the previous inspection). In order to meet the personal needs of the 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.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 9 March 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)</p>	<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> <p>Action taken as confirmed during the inspection: Review of two randomly selected staff files confirmed compliance with requirement one.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a) Regulation 16(4)</p>	<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 receives 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> <p>Action taken as confirmed during the inspection: Review of the appraisal and supervision policies included the time frames for all staff. Discussions with three staff members and review of two randomly selected staff files confirmed compliance with this regulation.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 17</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of the staff handbook confirmed it contained the policy on restraint and challenging behaviour.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 16(4)</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of the minutes for five staff meetings held on site during the inspection confirmed compliance with requirement four.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 21(1) Schedule 4</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of three service users' care plans at the agency office confirmed compliance with requirement five.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 13 and Schedule 3 Regulation 21(1) Schedule 4(1)</p>	<p>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)</p> <p>(Minimum standard 11)</p> <p>As discussed within theme three of the report.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of two staff files evidenced compliance with these regulations.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standards 8.12, 1.6 & 1.9</p>	<p>The registered person/manager is recommended to ensure the annual service review 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> <hr/> <p>Action taken as confirmed during the inspection: Review of the report for 2013/14 held on website and the registered person confirmed this report was sent to all commissioners and stakeholders.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.11</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of three monthly monitoring reports confirmed compliance with this minimum standard.</p>	<p>Met</p>

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan and relevant risk assessments. The agency risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

The person centred assessment of need, risk assessments and care plans reviewed during inspection found the records relating to changes had not been updated for one service user to accurately reflect their needs and preferences. The staff informed the inspector this was due to the Trust documentation being left in the service users' home. The inspector was unable to confirm the agency contribute to review meetings, the agency staff stated they are not regularly informed by the HSC Trust of the dates planned for review meetings. The records of two service users did not contain evidence of annual reviews by the Trust of the service users' care needs. The staff who participated in the inspection confirmed this was an ongoing issue and requests had been made to the Trust to address this issue. During discussions with staff the inspector was provided with examples when staff had requested an increase in care provision to meet the changing needs of service users and this was evidenced in service users' care plans.

During the UCO interviews there were mixed results regarding whether service users or their representatives are advised of the name of, or are introduced to, new carers by a regular carer; this was felt would be important both in terms of the service user's security and the carer's knowledge of the required care.

Staff interviewed on the day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect. These staff confirmed they regularly deliver care to the same service users, to ensure continuity. Five staff returned completed questionnaires, all five staff confirmed they have received training which assists them ensure the care they give is safe. One staff member indicated they were not given enough allocated time for all calls and this information was highlighted to the registered manager following the inspection.

Overall on the day of the inspection the inspector found the care to be safe.

Is Care Effective?

Communication with service users and their relatives regarding service delivery was reviewed during the inspection and this has been achieved through service user quality monitoring processes, daily contact with the agency via telephone and on call arrangements which maintain open channels of communication. Where communication difficulties arise due to service users individual needs the agency endeavour to adapt appropriate means of communication. The staff who participated in the inspection described how service users with communication issues benefited from the same staff member being allocated to care for them. Evidence presented during inspection supported staff receiving information in respect of non-verbal communication specific to service users with communication difficulties.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices.

Five staff questionnaires received following the inspection day confirmed that staff were satisfied with the training received in relation to core values, communication methods and dementia care.

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. One relative advised that they have made a complaint regarding quality of care which is ongoing.

The majority of the people interviewed were unable to confirm that management visit to ensure their satisfaction with the service or observe staff practice. They were also unable to confirm that they had received a questionnaire from Lakeland Community Care.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback. They also evidenced service users were visited in their homes and family members were present on occasions. The records also evidenced the agency contacted health care professionals involved with the service users' care. Service user records viewed in the agency office evidenced how feedback received had been followed up.

Discussion with staff during the inspection confirmed they received spot checks which were unannounced during which they were observed delivering care to service users.

Overall on the day of the inspection the inspector found the care to be effective.

Is Care Compassionate?

The majority of the people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers. One relative advised that a complaint had been made in this regard which was discussed with the registered manager. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "No problems at all."
- "Good communication between the carers and ourselves."
- "Peace of mind for the family."
- "100% happy with the service."

Service users or their relatives informed the UCO that they felt that the carers are / are not appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia and Parkinson disease, and working with service users with limited verbal communication and mobility.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

Overall on the day the inspector found that care delivery was compassionate

Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. However during discussions with staff during the inspection the inspector was informed care plans held in the agency office were not amended as changes occur. Two service users' records examined during the inspection did not contain evidence of HSC Trust annual review of service users' care needs.

Number of Requirements:	1	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The agency holds a policy on dealing with missed calls and the agency staff demonstrated their knowledge of this process during the inspection.

Ongoing review of matters arising are detailed within the agency monthly monitoring process and reports and review of four monthly reports during inspection supported appropriate action taken by the agency were matters had arose.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. The people interviewed also advised that they had not experienced missed calls from the agency.

Procedures in place for staff supervision were reviewed during inspection and disciplinary processes were reviewed during inspection as appropriate and robust.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick Mc Gurn, registered person/manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed.

Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite)/RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 15(2)(a) Stated: First time To be Completed by: With immediate effect from the date of inspection	The registered person shall ensure that a written plan is prepared which shall- (a) Be consistent with any plan of care of the service user prepared by any Health and Social Services Trust or Health and Social services Board or other person with responsibility for commissioning personal social services for service users.		
	Response by Registered Person(s) Detailing the Actions Taken: Care plans are completed using the information given to the agency by the service users social worker. These are placed in the service users home and the careplan is updated if there any change in the service users needs.		
Recommendations			
Recommendation 1 Ref: Standard 6.1 Stated: First time To be Completed by: With immediate effect from the date of inspection.	The agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan.		
	Response by Registered Person(s) Detailing the Actions Taken: Lakeland Community Care attend reviews when requested by the service users social worker. For all reviews, the opinion of the service users carer is sought and the written response is provided to the relevant social worker.		
Registered Manager Completing QIP	Pat McGurn	Date Completed	23/7/2015
Registered Person Approving QIP	Pat Mc Gurn	Date Approved	23/07/15
RQIA Inspector Assessing Response	Lorraine O'Donnell	Date Approved	24/07/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address