

Inspection Report

11 May 2021



Lakeland Community Care

Type of service: Domiciliary Care Agency
Address: 1 Lattone Road, Belcoo, Fermanagh, BT93 5AQ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Lakeland Community Care Ltd	Registered Manager: Mr Patrick McGurn
Responsible Individual: Mr Patrick McGurn	Date registered: 7 May 2009
Person in charge at the time of inspection: Mr Patrick McGurn	
Brief description of the accommodation/how the service operates:	
Lakeland Community Care is a domiciliary care agency based in Belcoo, Fermanagh. The agency provides care and support to 604 people living in their own homes with a staff team of 237 care workers. The agency has their services commissioned by the Western Health and Social Care Trust (WHSCT). Services provided include personal care, medication support, meal provision and sitting services. Service users have a range of needs including physical frailty, dementia and learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2021, at 09.50 am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoL's) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, WHSCT representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with two service users, two relatives and two staff.

In addition we received questionnaires from service users/relatives as well as electronic survey feedback from staff which indicated that all respondents were happy with the service provided by the agency.

Comments received during the inspection process-

Service users' comments:

- "I had no missed or late calls."
- "They always treat me with dignity and respect."
- "They are well trained."

Relatives' comments:

- "Teething problems initially with times but these were resolved."
- "The staff are brilliant."
- "The girls appear well trained."

Staff comments:

- "I am aware of my adult safeguarding responsibilities."
- "I get supervision and appraisal."
- "The agency has an open door policy."
- "Brilliant company to work for."
- "Always kept up to date of any changes needed for the service users care plan."
- "All problems and situations dealt with to a high standard from the manager and office staff."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Lakeland Community Care was undertaken on 20 May 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoL's training appropriate to their job roles. However, it was established during the discussion with the manager and review of documentation that DoL's practices were

not embedded into practice due to Covid-19. The manager gave assurances that the agency would contact the WHSCT key workers and advise that DoL's practices were required to be in place before the next inspection.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed the agency does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

Where a service user is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the WHSCT representative.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and WHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mr Patrick McGurn, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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