

Unannounced Care Inspection Report 4 March 2019



Lakeland Community Care

Type of Service: Day Care Service
**Address: Teemore Business Complex, 191 Belturbet Road,
Derrylin, BT92 9BL**
Tel No: 02867748895
Inspector: Angela Graham

www.rqia.org.uk

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

This is a day care setting that is registered to provide care and day time activities for up to 38 service users. The service meets the needs of adults over 65 and/or with a physical disability or living with dementia. The day care setting is open Monday, Wednesday, Thursday and Friday and is managed by Lakeland Community Care Ltd.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Ltd Responsible Individual: Patrick McGurn	Registered Manager: Patrick McGurn
Person in charge at the time of inspection: Eileen McBarron, Senior Care Assistant	Date manager registered: 16 April 2009
Number of registered places: 38	

4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 09.55 to 15.50.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Further areas of good practice were also noted in regard to care reviews; communication between service users, staff and other key stakeholders; and the culture and ethos of the day care setting. It was also positive to note good practice in relation to existing governance arrangements, and a focus on quality improvement.

One area for improvement was identified in relation to staff training records.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “we are always greeted with a great welcome and a cup of tea”; “the staff are kind and very good natured”; “I am involved in all decisions made about me here in the centre” and “the dinners are the best you’ll get, we get four courses every day”.

The findings of this report will provide the establishment 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Eileen McBarron, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 March 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:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 22 March 2018
- Unannounced care inspection report and QIP from 22 March 2018

During the inspection, the inspector met with the senior care assistant and two care assistants. Introductions were made to service users during the course of a walk around the setting; with individual interaction with nine service users.

The following records were examined during the inspection:

- Three service users' care records
- A sample of service users' daily records
- A sample of staff supervision and appraisal records
- A sample of competency and capability assessments
- Staff training information
- The day centre's complaints/compliments record since the last inspection
- Staff roster information for February 2019
- A sample of minutes of service users' meetings since the last inspection
- A sample of minutes of staff meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports since the last inspection
- RQIA registration certificate
- Fire Safety Information.

At the request of the inspector, the senior care assistant was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; ten service users' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the senior care assistant place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Eileen McBarron, Senior Care Assistant, at the conclusion of the inspection.

The inspector would like to thank the senior care assistant, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

The most recent inspection of the establishment 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 22 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered person shall submit a copy of the most recent fire risk assessment for the day care centre.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. A copy of the fire risk assessment was submitted to RQIA post inspection.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The senior care assistant described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the senior care assistant that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. Discussions with the senior care assistant and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. A review of the staffing roster for weeks commencing 4 February 2019 until 4 March 2019 evidenced that the planned staffing levels were adhered to.

The senior care assistant confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed for a number of years. In addition, discussions with the senior care assistant confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, first aid, dementia awareness and food safety. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

A number of training records did not contain the signatures of those attending the training event or a record of the content of the training. This has been identified as an area for improvement.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. The senior care assistant confirmed that systems were in place to record incidents and accidents. The senior care assistant further confirmed that any incidents and/or accidents would be reviewed on a monthly basis by the registered provider as part of the monthly quality monitoring visits. Discussion with the senior

care assistant evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the senior care assistant and care assistants evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The senior care assistant described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the senior care assistant stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the senior care assistant and care assistants also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The senior care assistant and care assistants were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The senior care assistant confirmed that the WHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the senior care assistant and care assistants further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The senior care assistant confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

Observations of the environment in the day centre concluded that it was clean and tidy. Discussion with the senior care assistant and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 28 January 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 2 May 2018 and the senior care assistant confirmed that the significant findings were addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, additional safety checks of fire extinguishers, emergency lighting and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I feel very safe in the centre and staff are wonderful."
- "I am happy here and well looked after."

Staff comments:

- "I feel the care we deliver is very safe and our training contributes to that."
- "The service users' safety is paramount."

Ten service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The service users confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding, risk management and infection prevention and control.

Areas for improvement

One area for improvement was identified in relation to staff training records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the senior care assistant established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Discussion with the senior care assistant and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Observations of practice on the day of inspection provided evidence the staff on duty were confident and effective when communicating with service users. It was noted that service users freely approached staff and interactions were relaxed and spontaneous.

Discussions with the senior care assistant and care assistants described effective communication between service users, their relatives and the multi-disciplinary team. They described this communication as being timely and effective, often resulting in better outcomes for service users.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "This day centre is a wonderful social outlet for me in my local community."
- "I happy attending this day centre and always feel my care needs are met."
- "I enjoy my day in Teemore day centre and the staff are excellent."

Staff comments:

- "We are a small team and have great knowledge of the service users' needs and abilities. We promote independence and choice at all times."
- "The care in the centre is very effective. We look at everyone's individual needs and address them."

Ten service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care effective" in this setting. The service users stated that they receive the right care, at the right time, in the right place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, care reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Discussion with and observation of service users and staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure them as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as bowling, arts and crafts, card playing, poetry and armchair exercises.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food

appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

Service users meetings also take place within the day care setting. The senior care assistant confirmed that service user meetings were held generally monthly. The minutes of the three most recent service users' meetings were reviewed during this inspection.

The meetings had taken place on: 4 February 2019, 4 January 2019 and 3 December 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings, transport arrangements and menus.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "Staff treat me with great respect."
- "Everyone is so caring and see to all your needs."
- "I enjoy all we do here in the centre particularly playing cards and bowling."

Staff comments:

- "We have regular care reviews with the service users and social worker."
- "The care given to the service users is person centred."

Ten service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting. The service users also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, care reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain 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 sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the senior care assistant confirmed that they had a good understanding of their role and responsibilities under the legislation.

The senior care assistant and care assistants confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy.

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 senior care assistant confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the senior care assistant confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The senior care assistant confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussions with the senior care assistant confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

A review of staff meetings since the last inspection evidenced that they were held quarterly. The meetings held in December, September and June 2018 identified a focus on NISCC, supervision arrangements, service users' needs and staff access to staff training opportunities.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. The senior care assistant confidently described the procedure in place for recording and managing informal and formal complaints. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed from February 2019 to December 2018 provided evidence that the visits included engagement with service and staff; a review on the conduct of the day care setting.

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "This is a great centre and very well run. There are never any problems here."
- "I know all the staff and they have been here a long time. They look after us all so well."
- "I have nothing to complain about; this is a great facility."

Staff comments:

- "We have a small team here and there is very good communication."
- "The centre is well run and the manager is always available to discuss any issues."

Ten service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care well led/managed" in this setting. The service users confirmed that the service was managed well and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen McBarron, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date(s) of the training; • The name and qualification of the trainer or the • The name and qualification of the trainer or the training agency; and • Content of the training programme. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The details required have now been implemented by the Training Officer to include the above standard.</p>

Please ensure this document is completed in full and returned via Web Portal



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