

# Inspection Report

20 January 2022



## Lakeland Community Care

Type of service: Day Care Setting  
Address: Tir Navar, Creamery Street, Derrygonnelly, BT93 6HN  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Lakeland Community Care Ltd	<b>Registered Manager:</b> Mr Patrick McGurn
<b>Responsible Individual:</b> Mr Patrick McGurn	<b>Date registered:</b> 26 March 2009
<b>Person in charge at the time of inspection:</b> Senior Care Assistant	
<b>Brief description of the accommodation/how the service operates:</b> This is a day care setting that is registered to provide care and day time activities for up to 14 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday and Thursday and is managed by Lakeland Community Care Ltd.	

## 2.0 Inspection summary

An unannounced care inspection took place on 20 January 2022 from 10.05 a.m. to 3.15 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff, the provision of person centred care and communication between service users, staff and other key stakeholders.

One area requiring improvement was identified in relation to dysphagia awareness training.

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

### 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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We discussed any complaints and incidents during the inspection with the senior care assistant and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Six service users' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

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

The findings of the inspection were provided to the senior care assistant at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with six service users and two staff.

**Comments received during the inspection process included:**

**Service users' comments:**

- "I am offered choice of everything here such as meals, drinks and activities."

- “Very happy coming; a great place to come.”
- “You would not get a better service anywhere, 5 star.”
- “I feel safe here with all the new arrangements since Covid-19.”
- “Staff make you feel so welcome.”
- “First class service; you get a cup of tea and a homemade scone when you come in.”

#### Staff comments:

- “We are a small team and everything is discussed including any changes in the clients.”
- “I am well supported by the manager; he is always available at the end of the phone.”
- “Service users have the freedom of the centre.”
- “We don’t have any service users with dysphagia needs.”
- “Care and support is of a high standard and individualised.”
- “I have had lots of training including adult safeguarding.”
- “I am well supported in my role and I get regular supervision.”

#### Relatives’ comments:

- “The staff are fantastic with Xxxx.”
- “Staff are always friendly, warm and welcoming.”
- “I think the care and support here is very good.”
- “Staff always have their PPE on when they come to the door to greet Xxxx.”

## 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 2 May 2019 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 2 May 2019		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(a) Schedule 4  <b>Stated:</b> First time	The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of the service user.	<b>Met</b>

<p><b>To be completed by:</b> 7 June 2019</p>	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.</p>	
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall ensure the initial review takes place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year; however reviews must not become a “routine” or “administrative” task.</p> <p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 June 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"> <li>• The names and signatures of those attending the training event;</li> <li>• The date(s) of the training;</li> <li>• The name and qualification of the trainer or the</li> <li>• The name and qualification of the trainer or the training agency; and content of the training programme.</li> </ul>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of the training file evidenced that this area for improvement had been addressed.</p>	
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## 5.2 Inspection findings

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

The day care setting's provision for the welfare, care and protection of service users was reviewed. The senior care assistant confirmed that the organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the senior care assistant and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. There were no recent or current adult safeguarding referrals or investigation records to examine.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

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 day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Review of the accident/incident records confirmed that no accidents or incidents had occurred in the day centre since the previous care inspection.

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 staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the review 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.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DOLs training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The senior care assistant told us that no service users met the criteria to have a DoLS process put in place at this time. The senior care assistant also told us that there were no restrictive practices in place at the time of the inspection.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the senior care assistant who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting.

Discussion with staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users.

Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with the senior care assistant and staff confirmed that no service users require assessment by the SALT in relation to dysphagia needs.

The senior care assistant advised that she was aware of the SALT referral process if a service user presented with eating, drinking or swallowing difficulties.

It was noted that staff had not undertaken dysphagia awareness training. An area for improvement was made in this regard.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The senior care assistant advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The senior care assistant confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager. The senior care assistant confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The senior care assistant told us that the centre does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The review of records and discussion with the senior care assistant confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the review.

Discussions with the senior care assistant and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the senior care assistant that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).



## 6.0 Conclusion

Based on the inspection findings and discussions held with staff, service users and relatives, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

One area requiring improvement was identified in relation to dysphagia awareness training.

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

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, Revised August 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

An area for improvement and details of the Quality Improvement Plan were discussed with the senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, Revised August 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2022	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of dysphagia.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> All staff have received folder with the dysphagia information. Training will be organised in conjunction with update training in September for all day centre staff.

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



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