

Unannounced Day Care Setting Inspection Report 25 April 2016



LAKELAND COMMUNITY CARE (10995)

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Inspectors: Dermott Knox

Angela Graham

1.0 Summary

An unannounced inspection of Lakeland Care Centre (10995) took place on 25 April 2016 from 11.00 until 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. Records, and discussions with staff and service users, confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty. Procedures had been followed correctly in the two cases of medical intervention being required for service users. The evidence gathered for this inspection showed that safe care was being provided.

Is care effective?

There was evidence from discussions with service users, staff members and a visiting social worker to confirm that the centre provided effective care on a consistent basis. Reports of annual reviews of service users' placements showed that all those involved were satisfied with the outcomes of the service provided. The evidence indicated that effective care was being provided.

Is care compassionate?

There was strong evidence of compassionate care being provided in the centre, including the warm welcome given to service users when they arrived and the discrete manner in which any personal care or confidential matters were dealt with. Service users spoke very highly of the warm and caring ways in which the service was provided.

Is the service well led?

Staff confirmed that they were well supported in their roles and that good training is provided. The centre is monitored regularly by a senior manager who is not directly involved in the day to day operations. The organisation needs to develop a fuller range of policies and procedures in order to guide practice and to comply with the minimum standards. There was evidence of good outcomes for service users and the service was well regarded by a community based professional who has frequent contact with them.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Mr Patrick McGurn, Registered Manager and Mrs E Gilheaney, Senior Day Care Worker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Lakeland Community Care Ltd	Registered manager: Patrick McGurn
Person in charge of the day care setting at the time of inspection: Eileen Gilheaney, Senior Care Assistant	Date manager registered: 26 March 2009
Number of service users accommodated on day of Inspection: 11	Number of registered places: 14

3.0 Methods/processes

Prior to inspection following records were analysed:

- Record of notifications of events. No events had been reported to RQIA since the previous inspection.
- Record of complaints. No complaints had been recorded since the previous inspection.
- Quality Improvement Plan from the previous inspection on 7 August 2014.

During the inspection we met with:

- Nine service users individually
- The registered manager and senior care assistant
- Two care staff for individual discussions

- A social worker who was visiting the centre
- One inspector met with the training manager at a subsequent inspection.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for three service users
- Four monitoring reports for periods in 2015 and 2016
- Record of notifications of events,
- Record of complaints
- The statement of purpose
- Minutes of eight service users' meetings
- Minutes of two staff meetings
- A sample of written policy and procedures documents, including the Safeguarding Policy and Staff Recruitment policy.
- The report of the Quality Monitoring Survey, completed in 2015.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 August 2014

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

4.2 Review of requirements and recommendations from the last care inspection dated 07 August 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20(1)(c)(i) Stated: Second time	Staff including volunteers must be provided with adequate training to undertake their role and responsibilities. Action taken as confirmed during the inspection: Staff training records for this centre are held in the provider organisation's head office in Belcoo. Discussion took place with the training and quality manager on 12 May 2016 in regard to mandatory training. The training and quality manager confirmed that the identified staff member and volunteer had received all relevant training for their role and responsibilities. The registered manager forwarded written confirmation on 25 May 2016 in this regard.	Met

<p>Requirement 2</p> <p>Ref: Regulation 19(2) Schedule 5(6)</p> <p>Stated: Second time</p>	<p>The registered manager is required to ensure that the selection and recruitment process is followed for all staff, including volunteers.</p> <p>Refers to ensuring evidence of Access NI status for voluntary staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the staff recruitment policy and procedure. The registered manager confirmed that AccessNI status is checked for all staff and volunteers.</p>		
<p>Last care inspection recommendations</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 24.1 to 24.5</p> <p>Stated: Second time</p>	<p>It is recommended that volunteering arrangements in place at LCC are reviewed to ensure compliance with standard 24.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that arrangements for the use of volunteers were now in compliance with Standard 24.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>It is recommended that reviews of care take place within four weeks of the commencement of placement and that the outstanding care review discussed in section 7.4 of the report is convened.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that an initial review for any new service user will be held within the specified timescale.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>To ensure that the organisation is being managed in accordance with minimum standards, the monitoring visit and report should be more qualitative based.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Four monitoring reports were examined and were found to comply with this recommendation. They contained good accounts of the discussions held with service users and staff.</p>		

Recommendation 4 Ref: Standard 23.3 Stated: First time	The registered manager should complete a competency assessment for the staff member(s) left in charge of the day care setting to ensure they have the appropriate skills, knowledge and training to undertake the delegated responsibilities in his absence.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a competency and capability assessment had been undertaken for the senior day care worker in charge of the day centre in the absence of the registered manager.	

4.3 Is care safe?

The senior day care worker confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for the period from 28 March until 25 April 2016 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

The inspector reviewed the staff recruitment policy and procedure. Review identified that there were no references made to Regulations 10, 19 (2) and 21, or to retaining information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007. A recommendation is made to address this issue.

The senior day care worker confirmed that a policy in regard to volunteers was not available. A recommendation is made that a policy be developed addressing the matters identified in Standard 24 of The Day Care Settings Minimum Standards (2012).

Discussion with the senior day care worker confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of two staff files confirmed that supervisions were completed for staff on a quarterly basis and staff appraisals were completed annually.

The registered manager confirmed that a competency and capability assessment had been undertaken for the senior day care worker in charge of the day centre in the absence of the registered manager.

Review of the two staff files and discussion with care staff confirmed that staff had received mandatory training including safeguarding vulnerable adults and fire awareness training undertaken on 20 October 2015 and first aid training undertaken on 12 October 2015.

The senior day care worker and staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The senior day care worker stated that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

The registered person should develop a policy on the use of volunteers in the centre, in keeping with Standard 24 of The Day Care Settings Minimum Standards (2012).

It is recommended that the registered manager should further develop the staff recruitment policy and procedure to include all areas under Regulations 10, 19 (2) and 21 of The Day Care Setting Regulations (Northern Ireland) 2007.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the senior day care worker confirmed that staff meetings were held on a quarterly basis, or more frequently, and records verified this. In addition, Lakeland Community Care held meetings for its entire staff, at least twice annually and these meetings were reported by the senior day care worker to be valuable for discussion and agreement on a range of policy, procedure and practice matters.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Service users are consulted on a formal basis in service users' meetings, the annual reviews of their day care placements and the annual quality monitoring survey carried out by Lakeland Community Care. The findings from the annual survey had been collated in an evaluation report which showed that all respondents were either satisfied or very satisfied with the quality of care provided. Two service users spoke specifically about staff having assisted them in accessing necessary healthcare professionals in the community. While initial reviews were being carried out as recommended, one service user's annual review was found to be two months overdue and a recommendation is made in this regard.

Discussion with the senior care worker and review of records provided evidence of service user meetings being held regularly, with eight meetings recorded in good detail during 2015. The most recent meeting was held on 07 March 2016 and minutes of this, which included the list of attendees, were available. A quality monitoring survey was completed in 2015, providing positive feedback to the organisation on the effectiveness of the service. When asked for opinions on how well the centre met individual service user's needs, all of the responses were very positive. Examples of service users' comments included:

"I would not change this service, I am happy as it is".

“I feel the service meets all my needs and the care is excellent”.

In discussions with an inspector, nine service users expressed their confidence in raising concerns with the day centre’s staff or management and all confirmed that they felt that a good quality service was provided. No complaints had been recorded in the centre during the past twelve months. Five service users completed written questionnaires for the inspection and all of these were entirely positive.

Areas for improvement

Reviews for all service users should be held at least annually.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

Service users confirmed that management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting. Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of service users’ wishes, preferences and assessed needs as identified within the service users’ care plans.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities. The senior care worker confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt, courteous and supportive manner by staff. It was noted that service users were greeted on their arrival each morning with fresh scones, or a similar treat, prepared and baked in the centre’s kitchen.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The comments within the five service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered within the day care setting. The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for February, March and April 2016 which were reviewed.

In the annual quality survey for 2015, service users’ ratings of the staffs’ attitudes regarding respect, privacy and dignity were summarised as 70% “Excellent” and 30% “Good”. During the inspection, service users commented very positively regarding the care they received and the kindness and thoughtfulness of staff.

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

“I enjoy all the activities we do. I really enjoyed the gardening activity we done today”.

“The scones and food here are excellent. We always get choice”.

Five completed service user questionnaires, asking for opinions on how safe, effective and compassionate the care is and how well led the service is, all provided positive responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

A number of policies and procedures were reviewed during this inspection, as referenced in earlier sections of the report. Improvements are needed to ensure that all of the policies and procedures listed in Appendix 2 of the Minimum Standards are in place to direct the quality of care and day services in Lakeland Community Care. The registered person must ensure these are robust and that they are in keeping with Regulations, Minimum Standards and best practice guidance.

There was both staff's reported evidence and observational evidence of positive working relationships between the registered manager and staff in the centre. Systems were in place for the provision of staff supervision and support. Examination of two staff members' files showed that formal supervision and annual appraisals were taking place as required. There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Records of staffs' training were up to date and staff members were working toward an understanding of Lakeland Community Care's current policies and procedures, to which the organisation will need to add in the coming months.

Records of quarterly staff meetings provided evidence of a range of relevant topics having been discussed and actions agreed. Additionally, the organisation holds multi-centre meetings two or three times a year. Records of these meetings were not examined. Monitoring reports showed that the required aspects of the centre's operations were rigorously checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans was checked by the monitoring officer in subsequent visits.

Areas for improvement

Lakeland Community Care should ensure that the range of its written policies and procedures complies with Appendix 2 to The Minimum Standards for Day Care Settings, January 2012.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Pat McGurn, Registered 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to day.care@rqia.org.uk 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered person should develop a written policy and procedure on the recruitment and involvement of volunteers in the centre, in keeping with Standard 24 of The Day Care Settings Minimum Standards, January 2012. A copy of this document should be sent to RQIA as soon as it is finalised.</p> <p>Response by registered person detailing the actions taken: Please find attached policy. All staff are vetted in accordance with our recruitment policy</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>One service user's annual review was found to be two months overdue and it is recommended that reviews for all service users should be held in compliance with Standard 15.</p> <p>Response by registered person detailing the actions taken: Reviews are carried out annually in conjunction with Social Worker, family members and LCC Senior Carer. We now aim to carry out reviews even if Social Worker is not available.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered person should ensure that Lakeland Community Care has in place written policies and procedures as set out in Appendix 2 to The Day Care Settings Minimum Standards, January 2012.</p> <p>Response by registered person detailing the actions taken: All our policies and procedures are being brought in line with the above requirements for the day care setting.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.1</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>It is recommended that the registered manager should further develop the staff recruitment policy and procedure to include all areas under Regulations 10, 19 (2) and 21 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Response by registered person detailing the actions taken: Staff recruitment for volunteers is in line with our recruitment policy and procedures.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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