



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Lakeland Community Care, Derrygonnelly
Establishment ID No:	10995
Date of Inspection:	7 August 2014
Inspector's Name:	Michele Kelly
Inspection No:	20175

The Regulation And Quality Improvement Authority
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Name of centre:	Lakeland Community Care, Derrygonnelly
Address:	The Navar Creamery Street Derrygonnelly BT93 6HN
Telephone number:	(028) 6864 1899
E mail address:	mail@lakelandcare.org.uk
Registered organisation/ Registered provider:	Mr Patrick McGurn
Registered manager:	Mr Patrick McGurn
Person in Charge of the centre at the time of inspection:	Mrs Carol Connor
Categories of care:	MAX, DCS-MAX, DCS-I
Number of registered places:	14
Number of service users accommodated on day of inspection:	12
Date and type of previous inspection:	24 March 2014 Primary Unannounced Inspection
Date and time of inspection:	7 August 2014 10:00am - 1:00pm
Name of inspector:	Michele Kelly

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	7
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	3	2

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

The Navar Lakeland Day Centre, Derrygonnelly is operated by a local voluntary organisation, Lakeland Community Care (LCC). The centre is situated in a rented community facility in the town centre of Derrygonnelly close to other local services. The premises were once part of the local dairy and creamery company and have been sympathetically re-developed.

The centre is open two days each week (Monday and Thursday) from 9:00am – 4:00pm and provides day care services for a maximum of 14 service users over the age of sixty-five. Facilities within the centre include a large communal room, a smaller office, a kitchen, storage spaces and toilets/bathroom.

Lakeland Community Care (LCC) also operates four other day centres which are strategically located in other rural towns and villages throughout County Fermanagh. Furthermore, domiciliary care services are also operational from LCC Offices at Belcoo and some service users that attend day care also access domiciliary services on days they do not attend the centre. This is viewed as a good wrap around service.

The other day centres are located in Newtownbutler, Belcoo, Teemore and Garrison. Care staff working in The Navar Centre also work in Garrison Day Care Centre. The inspector had already met and conversed with the staff during the announced inspection to the centre in Garrison, undertaken on 22 July 2014.

Mrs Carol Connor currently is in charge of the day centre and she reports directly to Mr Patrick McGurn who has overall management responsibility and is the registered manager. Mrs Mary Bannon has responsibility for quality assurance and staff training.

Over a two year period, Mrs Bannon implemented a consistent approach for the management and operation for each LCC day care centre. All care records, policies and procedures in place, are consistent with each of the other four centres.

Summary of Inspection

A primary inspection was undertaken in Lakeland Community Care Ltd (Derrygonnelly) Day Centre on 7 August 2014 from 10:00am to 1:00pm. This was a total inspection time of three hours. The inspection was announced.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007.

The three requirements and two recommendations made as a result of the previous inspection in March 2013 were examined. Two requirements and one recommendation will be restated. They concern the arrangements for ensuring voluntary workers are provided with adequate training and support to undertake their roles and responsibilities. The inspector also emailed the registered manager following the inspection to request that he confirms all voluntary drivers had an Access NI enhanced list certificate issued as there was a lack of evidence of this on the day of inspection. These matters are detailed within the attached Quality Improvement Plan.

The provider completed a self- assessment in relation to the standard and themes for inspection this information was submitted prior to the inspection and was verified as part of the inspection process. Evidence was validated during the inspection by the following methods:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of any behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to two staff regarding the standards inspected on a previous inspection. This generated positive feedback regarding person centred recording and reporting arrangements. Staff were informed and aware of proper processes and could incorporate these in their day to day practice.

Two completed staff questionnaires were returned and these indicated that satisfactory arrangements were in place with regard to NISCC codes of practice; supervision and staff training; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which was described as being of a high standard.

One of the questionnaires returned expressed dissatisfaction with the staffing arrangements in the centre. This matter was discussed with the member of staff who had made the comment. She confirmed that she was now happy with the existing cover and emphasised that extra staff are provided if required. The staff member stated she made the comment because she believes extra staff can contribute to an even better experience for service users. Overall the discussion with staff and review of returned questionnaires provided a very positive view of the care within in this day centre and demonstrated a commitment by staff to develop practice in compliance with the day care setting standards.

The inspector spoke with a group of seven service users regarding the standard inspected and the two themes. This resulted in positive comments relating to attending the centre, the activities they had taken part in; and the care provided by the staff.

“We are well looked after here”

“Staff are very good to us”

Service users were aware that their individual records were maintained in the centre and knew that they could access this information.

The inspector observed the service users enjoying an activity which involved listening to a local storyteller.

The inspector wishes to acknowledge the work undertaken by the registered manager, quality manager, senior care worker and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Five criteria were assessed as compliant and one criterion was assessed as moving towards compliance.

A recommendation is made to ensure that initial reviews of care take place within four weeks of the commencement of the placement.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from Regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has a no restraint policy and therefore no incidents have been or would be reported through to RQIA.

Discussions with the registered manager and staff involved in the day to day running of the facility and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The senior care worker confirmed that staff do not use restraint. Staff discussed their practice of using good communication, calming and diffusing techniques and knowing their service users' needs and personalities assists them in ensuring service users behaviour does not escalate. Staff also stated that if a service user's behaviour did deteriorate they would look at triggers and assess if a review was required in order to ensure the service users' needs could still be met in the day care setting. This review would include the family, social worker/care manager and the service user.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

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

Two criteria from Regulation 20 and one criterion from Regulation 21 were inspected which provided the evidence to examine this theme. Three criteria were assessed as compliant and one as moving towards compliance. The organisation undertakes monthly monitoring visits to the day care setting in accordance with Regulation 28. The monitoring reports for the months April, May June and July were examined. The inspector found these reports lacked qualitative detail and a recommendation is made regarding this.

A further recommendation is also made in relation to the staff member who manages the centre in the absence of the manager having a competency and capability assessment.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 (1) (c)	The registered manager is required to review the centre's statement of purpose in respect of the range of service users' needs the day care setting is currently accommodating. The centre's registration certificate should also reflect the aforementioned.	The statement of purpose has been reviewed in respect of the range of service users' needs. The registered manager has made application to RQIA in respect of amendments to the centre's registration categories.	Compliant
2	20 1 (c) (i)	Staff including volunteers must be provided with adequate training to undertake their role and responsibilities.	Some volunteers have not had Safeguarding Vulnerable Adult Training a date has been set for 16 September 2014. This requirement is restated.	Not Compliant
3	19 (2) schedule 5 (6)	The registered manager is required to ensure that the selection and recruitment process is followed for all staff including volunteers.	The centre could not provide evidence of Access NI status for some volunteers who provide transport for service users. New volunteers are subject to the centres selection and recruitment process.	Not Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24.1 to 24.5	It is recommended that volunteering arrangements in place at LCC are reviewed to ensure compliance with standard 24.	There was insufficient evidence available on the day of inspection to confirm compliance with standard 24. This recommendation is restated.	Not compliant
2	25	It is recommended and good practice that an audit of The Navar Day Care Centre environment is undertaken by an independent individual experienced and knowledgeable in the areas of dementia. A report should be completed and an action plan devised with timeframes.	An audit was undertaken by Mrs Mary Bannon Quality Manager who has devised an action plan to address issues raised within the audit.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: A confidentiality policy is in place in the centre. All staff are aware receive training on confidentiality on induction to the centre with regular refresher training. All staff have knowledge of the policy and is available for their reference in the centre. The policy outlines the staff members responsibility with regard to dealing with confidentiality of service users personal information, management of records, access to information and records and storage of service user records.	Compliant
Inspection Findings: The day care setting had a policy and procedure pertaining to confidentiality of service users' personal information. This had been reviewed in January 2013. The policies and procedures are available for staff reference and the recording practices and storage of service user information is consistent with protocols regarding confidentiality. Staff also have access to current DHSSPS guidance in relation to protocols around confidentiality, recording practice and storage of service users' information. The inspector talked to the manager and staff about their roles in relation to recording and maintaining confidentiality and was satisfied that they were informed and aware of their responsibilities in this regard. Discussion with service users revealed they were aware some information is kept about them and they acknowledged they were aware they could access them if they wished to.	COMPLIANCE LEVEL Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>All service users or their representatives can request to see their personal records kept by the centre. The service users are made aware of this in the service users agreement which they receive on commencement of the service. They are also made aware verbally by staff during their introduction to the centre. A record of such requests is kept in the centre.</p>	Compliant
Inspection Findings:	
<p>The setting has policies and procedures pertaining to consent or management of records.</p> <p>In terms of putting this criterion into practice the inspector did note there was information given to service users and their representatives in written form in the service users' agreement.</p> <p>The day centre has not had any requests for information at the time of this inspection however, the manager was aware of the need to keep a record which details the date, who applied for access and outcome of request.</p> <p>Discussion with staff and manager and review of policies and procedures confirmed arrangements are in place and staff identified who will take responsibility for issues and queries of freedom of information and confidentiality.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
<p>Records of the service users careplan,needs assessment and reviews are kept in each service users file.Any change in the service users needs is recorded as is any change in the expected objectives,outcomes,or any change in the service users circumstances.A record of any accidents or incidentsis recorded in the service users file as well as any medication required.The service users records are updated following any review by the social worker or at any time there is a change in the service users needs or circumstances.All reccords are completed to comply with appendix 1.The initial review with the service user takes place within 4 weeks of placement in the centre.After this review should take place on an annual basis or sooner if necessary.The service users records are audited monthly to ensure good practice.A monthly monitoring visit is completed by the Registered Manager or by the Quality Manager on request of the Registered Manager.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
The examination of four files selected on the day of the inspection evidenced the above records had been maintained for each service user. All assessments were regularly updated and followed up in care plans and signed in accordance with guidance. Three of the four files evidenced that reviews were held according to Standard 15.3. The inspector noted that an initial review for a service user who commenced attending in March 2014 had not been convened. This service user was described in referral notes as requiring 24 hour supervision. The inspector discussed the management of this person within the day centre and observed staff working on a one to one basis with this service user. The inspector talked to staff who confirmed that additional staff are often used to ensure all service users' needs are met while in the day centre. The quality manager confirmed that this outstanding review will be held in September 2014. A recommendation is made to ensure that reviews take place as specified in Standard 15.3.	Moving towards compliance
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff complete a daily report which is kept in the service users file. These are completed at least once a week and daily if any recordable events occurs. Due to the variation of days in our five day centres we have agreed that it is easier to monitor the records on at least a weekly basis.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined four service user files and was satisfied with the standard of entry regarding the service users' participation in activities and their progress towards achieving goals within their individual care plan. Entries were recorded weekly as is the policy in the centre.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Staff are aware what needs to be reported to the Registered Manager, the social worker, the service users family or any other relevant professional, eg; District Nurse, OT, GP. Anything which is reported is recorded in the service users file. The outcome is recorded and all staff are made aware of any change to the service users care plan. Any further action is also documented in the monthly monitoring report.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. The acting senior care worker stated that she had full support from management in relation to any concerns she reported.</p>	Compliant
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>All records are signed by the person who completes the record and signed by the Registered Manager. Staff training records are kept in the centre and are updated as required. Supervision is completed every 3 months and any training requirements are discussed at this time.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of four service user individual records which met this criterion. Consultation with two staff working in the centre confirmed their understanding of this criterion and staff questionnaires reflected that they were aware that policies and procedures are in place and these are available for consultation	Compliant
PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Provider to complete
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially Compliant

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff are aware that restraint of a service user is only to be used in exceptional circumstances. None of the service users who attend the centre have been assessed as requiring restraint. Should staff have to use restraint it would only be used in order to prevent harm to staff, other service users or the service user themselves.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with staff, examined four individual service user records, reviewed the restraint policy which confirms staff do not use restraint in their day centres and examined a selection of records as described in schedule 5.</p> <p>The information verified that the centre does not use restraint, and that no service users are currently looked after in this day care setting whose behaviour requires a plan for restraint.</p> <p>Staff spoken to on the day of inspection discussed how they used diversion and diffusion to manage behaviours which may have the potential to escalate. They confirmed they had received training in managing challenging behaviours and there was evidence of this in training records. Staff questionnaires confirmed they followed the guidance within Deprivation of Liberty Safeguards (DOLS) when planning and delivering care.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Should restraint be required details of the circumstances and form of restraint is recorded in the service users careplan and reported to any other disciplines and to RQIA.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint and this setting has a no restraint policy which is consistent with the settings ethos, statement of purpose and aims of the service. The policy was revised in March 2012</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider to complete</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>The day to day running of the centre is the responsibility of the senior carer in the centre. The senior carer is accountable to the Registered Manager. Should the senior carer be on annual leave or sick leave the assistant carer in the centre takes over the role. All staff in the centre are suitably qualified to take over the role.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector verified that there is a clear management structure identifying roles and responsibilities.</p> <p>The inspector noted that the staff member who manages the centre in the absence of the manager and senior care worker was suitably trained for the role; however there was no competency and capability assessment available on the day of inspection and a recommendation is made in relation to this. The inspector examined the statement of purpose and ascertained that there was information pertaining to the management structure and staffing arrangements and this</p>	Moving towards compliance

<p>was clear and informative. One of the staff questionnaires returned expressed dissatisfaction with the staffing arrangements in the centre. This matter was reviewed by the inspector in conversations with staff on duty on the day and also with the quality manager. The manager explained that extra staff are provided if required to meet the needs of service users. Staff spoken with stated that this arrangement worked well and the member of staff who had made the comment said she was satisfied with current staffing levels and that she made the comment as she believed extra staff could provide an even better experience for service users.</p> <p>The inspector was satisfied with staffing arrangements on the day of inspection.</p> <p>The organisation undertakes monthly monitoring visits to the day care setting in accordance with Regulation 28. The monitoring reports for the months April, May June and July were examined. The inspector found that the reports lacked qualitative detail and a recommendation is made regarding this.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Staff receive supervision every 3 months and have an annual appraisal. Records of supervision and appraisal are kept in the carers files in the centres. A training plan for centre staff is in place. Staff receive training as and when required.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Staff working in the centre confirmed that they receive regular supervision, appraisal and support and this was evidenced in staff records.</p>	Compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Senior staff in the centre have a minimum Level 3 qualification. All staff attend regular update training in all the mandatory training requirements. Staff are encouraged to attend or avail of any other training opportunities that are relevant to their job role.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the record of the registered manager and found that he had the qualifications, experience and evidence of competence to manage the day care setting. The registered manager's current registration with NISCC is valid until 16 May 2015.</p> <p>The inspector has previously made one recommendation in relation to the staff member acting in the absence of the manager.</p> <p>Policies and procedures pertaining to the Management and control of operations, for example: staff records; staff supervision and appraisal were also viewed and were in accordance with guidance. The Centre's policies and procedures were all available for staff reference.</p> <p>The inspector viewed the staff training record and found that staff had received a variety of training including all mandatory training topics. There was also evidence of additional training in areas such as dementia awareness and dispute resolution.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

The Environment

The inspector completed a tour of the premises accompanied by the Quality Manager. The premises are spacious and on the day of inspection were warm, clean and welcoming.

Complaints

The inspector reviewed the complaints record and noted that no complaints had been received at the Centre since the last inspection of 24 March 2014.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mary Bannon and Mrs Carol Connor as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Michele Kelly
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Lakeland Community Care, Derrygonnelly

7 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Mary Bannon and Mrs Carol Connor during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 1 (c) (i)	Staff including volunteers must be provided with adequate training to undertake their role and responsibilities.	Twice	Training planned for 16/9/14. This will include adult safeguarding and some aspects of moving and handling. Further assessments will be carried out on staff capability to carry out their roles	Within two months of inspection, 2 October 2014
2	19 (2) schedule 5 (6)	The registered manager is required to ensure that the selection and recruitment process is followed for all staff including volunteers. Refers to ensuring evidence of Access NI status for voluntary staff.	Twice	Access NI checks have been requested for all our voluntary drivers.	Within two months of inspection, 2 October 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	24.1 to 24.5	It is recommended that volunteering arrangements in place at LCC are reviewed to ensure compliance with standard 24.	Twice	All volunteers are undertaking training on 16/9/14	Within two months of inspection, 2 October 2014
2	15.3	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.	Once	The review is planed for first week in September. Due to heavy workload, Social Workers are not always available to carry out reviews. Senior Carers notify Social Services when review is due and this is recorded in the clients file.	Within six weeks of the date of inspection, 18 September 2014
3	17.10	To ensure that the organisation is being managed in accordance with minimum standards, the monitoring visit and report should be more qualitative based.	Once	The monitoring visit report has been updated and is now more qualitative based.	Within two months of the date of inspection 2 October 2014

4	23.3	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.	Once	The Quality Assessor is convening a process for competency assessment for all staff in the day centre. This will be carried out in the training programme on 16/9/14	Within two months of the date of inspection 2 October 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Pat Mc Gurn
Name of Responsible Person / Identified Responsible Person Approving Qip	Pat Mc Gurn

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Michele Kelly	8/10/14
Further information requested from provider			