

Unannounced Care Inspection Report 7 March 2018



Lakeland Community Care

Type of Service: Day Care Setting
Address: Court House, Newtownbutler, BT92 8EN
Tel No: 02867737070
Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 cares for and supports up to 18 service users. They provide care, support and day time activities for older people. The day care setting is open Wednesday.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Limited	Registered Manager: Patrick McGurn
Responsible Individual(s): Patrick McGurn	
Person in charge at the time of inspection: Catherine McKenna, Senior Care Assistant	Date manager registered: 28 April 2009
Number of registered places: 18 - DCS-I, DCS-MP, DCS-MP(E)	

4.0 Inspection summary

An unannounced care inspection took place on 7 March 2018 from 09.30 to 16.00 hours.

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

The inspection sought to assess 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 to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the staff roster, staff training records and monthly monitoring arrangements.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “the staff here are the best you’ll ever get”, “the food is better than you would get in a hotel” and “the centre is always warm and clean”.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Senior Care Assistant, Catherine McKenna 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 12 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 2016.

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
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the senior care assistant, three care staff, a visiting professional, a service user's representative and thirteen service users. The senior care assistant was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. No service user or relatives' questionnaires were returned to RQIA.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures

- Sample of quality assurance audits
- Fire drill records
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Four areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for three areas and partially met for one area.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2016

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 12 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: First time	The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issue must be addressed: <ul style="list-style-type: none"> • Replace/reupholster the identified service users' chairs (seat covering worn/torn). 	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. The senior care assistant confirmed five chairs had been reupholstered since the previous care inspection.	

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 2 Ref: Regulation 28 Stated: First time	The responsible person must ensure that: <ul style="list-style-type: none"> • The monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. • The monthly monitoring reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. • Monitoring reports are more qualitative based. 	Partially Met
	Action taken as confirmed during the inspection: The inspector reviewed the monthly monitoring arrangements for the service. The review identified that a monthly monitoring visit had not been undertaken in December 2017. Service users' views were not recorded in the monitoring visit undertaken in February 2018. Therefore this area for improvement had not been fully addressed and has been stated for a second time	
Action required to ensure compliance with the Day Care Setting Standards (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: Second time	It is recommended that the manager should guide staff in the development of more specific care plan objectives, which accurately reflect the full range of identified needs.	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. Three care plans were reviewed by the inspector and were found to be satisfactory.	

Area for improvement 2 Ref: Standard 18 Stated: Third time	The written policies in the centre did not cover the full range of policies required by the Day Care Settings Minimum Standards, 2012, Appendix 2. The registered person should ensure that all required policies are in place and that there is full compliance with Standard 18.	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. Policies were centrally indexed and in line with Appendix 2. The inspector reviewed a sample of policies and procedures and found them to be satisfactory.	

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 senior care assistant 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 roster for weeks commencing 3 January 2018 until 7 March 2018 evidenced that the planned staffing levels were adhered to. The review identified that the registered manager's hours of work were not recorded on the staff roster. This has been identified for an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussions with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

Discussion with the senior care assistant confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Discussions with the senior care assistant confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

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 infection prevention and control, fire safety, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Discussion with the senior care assistant and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

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.

The senior care assistant and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre.

The senior care assistant reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 6 September 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures.

Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Service users spoken to described the building as a secure, safe place in which they can access where they want to go. They described care staff were on hand and available to help them however, this was done subtly and protects their privacy.

A visiting professional described staff in the setting as vigilant. The visiting professional confirmed staff work well between encouraging independence and caring, and was satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to the staff roster and staff training records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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. Care records examined contained an up to date assessment of needs, risk assessments and associated care plans. Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user.

Records were stored safely and securely in line with data protection. 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.

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Service users reported that they knew staff in the setting; they could talk to staff or the manager if they were worried, or had a concern about their care and staff would help them

resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were being met.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user's placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs.

The senior care assistant confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions.

Discussion with the senior care assistant and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the senior care assistant and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 3 January 2018 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager or senior care assistant. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence.

Discussion with a relative confirmed that they were very satisfied with the effective care. They stated that their relative receives 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, audits and reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified 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 senior care assistant confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

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 arts and crafts, bocchia, moving to music and bingo.

Observations of service users taking part in activities showed participation was good. Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity.

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. 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. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff

were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user’s individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users’ meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively regarding the care they received. Examples of some of the comments made by service users are listed below:

- “I feel safe here.”
- “We always get a choice of dinner. The dinner is great.”
- “I am having my care review today in the day centre with the staff and the social worker.”
- “I know all the staff and the manager. Staff are so very good to me.”
- “I enjoy all the activities in the centre, my favourite is bowling.”

During the inspection the inspectors met with four care staff. Some comments received are listed below:

- “I have had all the mandatory training.”
- “The policies and procedures have been reviewed recently and we have access to them.”
- “I have supervision every three months and have an appraisal annually.”
- “In my opinion the care here is excellent, we put the clients first.”
- “I am well supported by the senior staff and we have regular staff meetings.”

Discussions with service users regarding compassionate care confirmed they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

Discussion with a relative confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A certificate of public liability insurance was current and displayed.

The senior care assistant confirmed that there were management and governance systems in place to meet the needs of service users.

The registered manager and staff advised that there was a range of policies and procedures in place to guide and inform staff practice. Policies were centrally indexed, retained in a manner which is easily accessible by staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the senior care assistant and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the senior care assistant confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 14 February 2018 and minutes were available. Previous staff meeting had been undertaken on 10 October 2017. The senior care assistant confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 12 October 2016. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 7 February 2017. The monitoring report did not include the views of service users. The previous monitoring visit had been undertaken on 2 January 2017. A further monitoring visit had been undertaken on 22 November 2017. A monitoring visit had not been undertaken in December 2017. The registered person must ensure the monthly monitoring visits and reports are improved in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

One area for improvement was identified in relation to monthly monitoring arrangements.

	Regulations	Standards
Total number of areas for improvement	1	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 Catherine McKenna, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> • The monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. • The monthly monitoring reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. • Monitoring reports are more qualitative based. <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager visits are recorded on the report as announced or unannounced. The reports followed the requirement of the standards. The manager will ensure that monthly monitoring visits will be carried out in line with the legislation.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The work roster displayed will include Registered Managers date of visit and time taken.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</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>

Response by registered person detailing the actions taken:

The staff training records are been updated to include qualification of trainer or agency and content of training. The training records contain staff signature and date of training

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)