

**Unannounced Care Inspection
of
Lakeland Community Care**

22 July 2015

1. Summary of Inspection

An unannounced care inspection took place on 22 July, 2015 from 10.30 to 15.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the Mrs Mary Bannon, Training Manager and Mrs Josie McManus, Senior Care Assistant (Acting), as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Lakeland Community Care Ltd/Patrick McGurn	Registered Manager: Patrick McGurn
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Josie McManus, Senior Care Assistant (Acting)	Date Manager Registered: 28 April 2009
Number of Service Users Accommodated on Day of Inspection: 15	Number of Registered Places: 18

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of incidents
- Report of the previous inspection

During the inspection the inspector met with 15 service users and three staff. Staff interaction with service users was observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Four files of service users' records, including assessments and care plans
- Three records of staff training
- Three records of staff supervision
- Complaints record, which noted two complaints since the previous inspection
- The record of incidents
- Four Monthly Monitoring Reports
- The policy on continence management
- The policy on safeguarding vulnerable adults
- The policy on restraint and seclusion.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 2 July 2014. The completed QIP was returned and approved by the care inspector.

Areas to follow up were:

- The content of monitoring reports
- The detail of training records
- Ensuring all required policies are in place
- Competence assessment of staff who take charge of the centre
- The content of progress records for service users

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (c)	The registered person shall ensure that persons employed to work in the day care setting are enabled to obtain training appropriate to the work they perform.	Met
	Refers to ensuring those staff left in charge of the centre being trained to supervise staff.	
	Action taken as confirmed during the inspection: There was written evidence in staff training records to verify that staff members who were delegated authority to take charge of the centre had been trained specifically for this role, and had signed to indicate their acceptance of the responsibilities.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: The format for monitoring reports had been changed and each of the four recent reports examined was found to contain satisfactory qualitative content.	
Recommendation 2 Ref: Standard 13.10	It is recommended that training records should include: <ul style="list-style-type: none"> • a certificate of the respective training • date training session/s carried out • length of the training session • contents of training session • staff signatures • name and qualifications of the facilitator 	Partially Met

	<p>Action taken as confirmed during the inspection:</p> <p>The training records had been developed to include more information on the content of each training session or course. Records did not include the duration of the session or the qualifications of the facilitator and this should be addressed.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 23.3</p>	<p>The registered manager should complete 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.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was written evidence in staff training records to verify that staff members who were delegated authority to take charge of the centre had been trained specifically for this role and had signed to indicate their acceptance of the responsibilities.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 17.4</p> <p>18.1</p>	<p>The registered manager should devise policies and procedures as detailed in Appendix 2.</p> <p>Refers to policies relating to:</p> <ul style="list-style-type: none"> • Absence of manager • Consent • Management of records 	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The policies specified in this recommendation had been written and were available on file. However, written policies in the centre did not appear to cover the full range of policies required by the Day Care Settings, Minimum Standards, 2012, App.2. The registered person should ensure that all required policies are in place and that there is full compliance with Standard 18.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 7.4 & 7.5</p>	<p>The registered manager must put in place an arrangement to improve recording in the individual records so that it is more person-centred and analytical. Entries will record service user participation in activities and progress towards goals identified in the care plan.</p>	Met

	Action taken as confirmed during the inspection: Progress records for service users had been developed very positively and were found to reflect the day to day activities in the centre and the personal well-being of each individual.	
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Areas for Improvement:

Two areas are identified above for further improvement. These refer to Recommendations 2 and 4 from the previous care inspection, which were judged to have been partially met.

Relevant recommendations have been included in the quality improvement plan at Section 6 of this report.

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Is Care Safe?

Staff members confirmed their confidence in following procedures accurately and in a respectful manner to service users. They also reported that they had ready access to experienced staff should they need to seek guidance. Service users' personal records provided evidence of the consideration of continence needs where relevant, and clear plans for guiding staff in meeting those needs. Progress records for each service user showed that relevant matters had been addressed appropriately and that responses had been in keeping with the written policy and accepted good practice.

Facilities for service users were good and were found to be clean and well maintained. Instructions for effective hand hygiene were displayed in the handwashing areas. Staff confirmed in questionnaires that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. Service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the care service.

Monitoring visits and reports were being completed regularly and a sample of records was examined on each visit. The monitoring officer always met with a number of service users and with staff to ascertain their satisfaction with service outcomes and the operation of the centre. The evidence examined during this inspection indicated that safe care was being provided.

Is Care Effective? (Quality of Management)

The written policy for continence care was available to staff in the centre, providing clear guidance in this area of practice. Each service user's placement is reviewed at least annually, usually in a multi-disciplinary group, and a sample of review records provided evidence of the consideration of personal care needs and the effectiveness of the service delivery. The training manager spoke of the detailed content of the staff training course on continence care and was confident that all staff were knowledgeable and skilled in this aspect of the work.

Is Care Compassionate? (Quality of Care)

Observations of staff interactions with service users, throughout the inspection period, provided evidence of good, compassionate care being delivered. Personal care for service users is provided by staff who confirmed that they had been trained for this aspect of practice and were very confident of their own and their colleagues' caring standards. Staff members emphasised the importance of understanding each person's individual needs and preferences with regard to personal care.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Safe?

The Lakeland Community Care Day Centre in Newtownbutler operates mainly in one large, bright and well-equipped room, although there are other parts of the building available for use, such as a "cinema" room. There were sufficient numbers of staff on duty throughout the day of the unannounced inspection, to ensure that all service users were supported and cared for satisfactorily, and there were frequent discussions throughout the day about the activities being planned and arranged. Service users usually meet at round tables, in four groups, and this provides good social interaction for all, along with frequent and regular contact with staff members. There was a feeling of relaxed, warm, caring relationships within the centre and service users spoke in glowing praise of the quality of the service, their positive relationships and the high value that they and their family members placed on the support that the centre provided. Several service users confirmed that they always felt safe when travelling to and attending the centre. The centre was judged to be providing safe care.

Is Care Effective?

Lakeland Community Care has a written policy on care planning and this addresses the identification of the service users' needs and the procedures to be followed to ensure that these are met. There was good evidence of service users being involved in discussions about events and activities and three people, separately, commented on the service being "a lifeline" for them, in terms of supporting their health and wellbeing.

Some of the key needs of service users were not fully represented in their care plans, and effectiveness of care in this area may be improved through the inclusion of greater detail in assessments and the development of more specific care plan objectives. This was discussed in greater detail with the acting senior care assistant and the training manager. A recommendation in this regard is included in the quality improvement plan at Section 6 of this report.

Is Care Compassionate?

In the course of the inspection, informal discussions were held with all 15 service users, who were accommodated in four groups, around circular tables, all in the same room. Five service users held individual discussions with the inspector and were unanimous in their praise of the quality of care and support that staff provide. There was good evidence of compassionate

care being delivered in the practice setting, including the sensitive attention to privacy and dignity of each person.

Areas for Improvement

Improvement can be made in the development of more specific care plan objectives, which accurately reflect the full range of each service user's identified needs.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Other Professionals' Views

Members of a social work/social care team, in adjoining premises, verbally contributed positive views of the day care service based on their observations, with comments such as: "People always come in smiling", and "Staff always seem to be very supportive".

5.5.2 Questionnaires Completed by Service Users

Ten completed questionnaires were returned by service users following the inspection, all of which provided entirely positive feedback on the quality of care and support provided, the feeling of being safe and secure in the setting, the degree to which service users were involved in decision making, and their satisfaction with staffing levels and staff competence.

5.5.3 Questionnaires Completed by Staff

Three staff members provided their views on the service provided and on their overall satisfaction with 16 aspects of their work, as requested in the staff questionnaires administered at the inspection. All three staff indicated high levels of satisfaction with every aspect of the service, with the exception of one staff member indicating a marginally lower level in response to the question on the amount of time staff have to listen to service users. Overall, both in discussions and in questionnaire responses, the views expressed were very positive.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mary Bannon, Training Manager and Mrs Josie McManus, Senior Care Assistant (Acting), 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 21.8 Stated: Third time To be Completed by: 23 July 2015	Training records did not include information on the duration of the session or the qualifications of the facilitator, and this should be addressed in all future training records. It was brought to the attention of the training manager that this matter was being restated for the third time.		
	Response by Registered Person(s) Detailing the Actions Taken: This was put in place immediately following inspection and will be included on all future training records.		
Recommendation 2 Ref: Standard 18 Stated: Second time To be Completed by: 30 October 2015	The written policies in the centre did not cover the full range of policies required by the Day Care Settings, Minimum Standards, 2012, App.2. The registered person should ensure that all required policies are in place and that there is full compliance with Standard 18.		
	Response by Registered Person(s) Detailing the Actions Taken: All required policies are now in place in compliance with Standard 18.		
Recommendation 3 Ref: Standard 5.6 Stated: First time To be Completed by: 30 September 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Day centre staff have received further training on the development of care plans in order to reflect the full range of identified needs of the service user.		
Registered Manager Completing QIP		Pat McGurn	Date Completed 25/02/16
Registered Person Approving QIP		Pat McGurn	Date Approved 25/02/16
RQIA Inspector Assessing Response		Dermott Knox	Date Approved 26/2/16

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.