

## Care Inspection Report 12 October 2016



### **Lakeland Community Care, Newtownbutler**

Type of service: Day Care Service

Address: Court House, Newtownbutler, Co. Fermanagh BT92 8EN

Tel no: 028 6773 7070

Inspector: Angela Graham

## 1.0 Summary

An unannounced inspection of Lakeland Community Care, Newtownbutler took place on 12 October 2016 from 09.30 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection Lakeland Community Care was found to be delivering safe care. There was positive feedback from all service users about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Lakeland Community Care were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A requirement has been made in regard to replacing/reupholstering service users' chairs.

### **Is care effective?**

On the day of the inspection it was established that the care in Lakeland Community Care was effective. Observations of staff interactions with service users and discussions with a total of 14 service users evidenced this. Reports of annual reviews of service users' placements showed that all those involved were satisfied with the outcomes of the service provided. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

A recommendation has been stated for the second time in regard to the development of more specific care plan objectives, which accurately reflect the full range of identified needs.

### **Is care compassionate?**

On the day of the inspection Lakeland Community Care was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and a service user's representative and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

No areas for quality improvement relating to compassionate care were identified during this inspection.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Staff confirmed that they were well supported in their roles and that good training is provided.

A requirement has been made that the responsible person ensures that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 and that the monitoring reports for the day care setting are improved.

A recommendation has been stated for the third time in regard to the development of policies and procedures in line with Standard 18, Appendix 2 of the Day Care Settings Minimum Standards 2012.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Catherine McKenna, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24/02/16.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Lakeland Community Care Ltd	<b>Registered manager:</b> Patrick McGurn
<b>Person in charge of the service at the time of inspection:</b> Catherine McKenna, Senior Care Assistant Patrick McGurn, Registered Manager 9.45am – 1.25pm	<b>Date manager registered:</b> 28 April 2009

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- 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).

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

- Discussion with the registered manager
- Discussion with three care staff
- Discussion with 14 service users
- Examination of records
- File audits
- Evaluation and feedback.

The senior care assistant was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Five service users and five relatives' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Six monthly monitoring reports.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 24/02/16

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next premises inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 22/07/15**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.8 <b>Stated:</b> Third time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that this recommendation had been addressed. A review of a sample of training recorded evidenced that this recommendation had been addressed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> Second time	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.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that a number of policies and procedures had been developed since the previous care inspection. Review of the policies and procedures manual identified not all policies and procedures were in place in line with Standard 18, Appendix 2 of the Day Care Settings Minimum Standards 2012.  This recommendation has not been fully addressed and has been stated for a third time in this report.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First 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.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and senior care assistant confirmed that the service users care plans had been reviewed following the previous care inspection. The inspector reviewed three care plans further work needs to be undertaken to ensure care plans and objectives are specific to meet the service users assessed needs.	
This recommendation has not been fully addressed and has been stated for a second time in this report.		

**4.3 Is care safe?**

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for weeks commencing 07 September until 12 October 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users’ needs were met by the numbers of staff on duty.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation’s head office.

The registered manager and staff 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; records of competency and capability assessments were retained.

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.

The accident and incident record was reviewed. No accidents or incidents were recorded since the previous care inspection on 22 July 2015.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing.

Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Six service users' chairs require to be replaced/reupholstered as the material was worn/torn. A requirement has been made to address this issue.

There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Discussion with three care staff confirmed the care was safe, they had received training in safeguarding vulnerable adults, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Five service users completed questionnaires for this inspection. These service users confirmed they felt safe in the setting; they could talk to staff if they were unhappy or had any issues or concerns, they could tell someone if they were worried about someone being treated badly, the setting is comfortable and they knew what to do if the fire alarm sounded.

Five relatives returned questionnaires. They confirmed their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

**Areas for improvement**

A requirement has been made in regard to replacing/reupholstering six service users' chairs.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with 14 service users also concluded their needs are being met in the day care setting.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was recorded evidence of multi-professional collaboration. Review identified a care plan had been developed for a service users with a diagnosis of diabetes. However this care plan did not address the risks associated with diabetes nor were the objectives specific. A recommendation made in the report of the previous care inspection in regard to the development of more specific care plan objectives, which accurately reflect the full range of identified needs has not been fully addressed and is stated for the second time in this report.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

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.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager 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 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, multi-professional reviews, service users and staff meetings.

Discussion with the registered manager 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; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that service user meetings and were held monthly. The last meeting was held on 28 September 2016 and minutes were available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with three care staff confirmed service users are involved in their care plan, monitoring of quality is in place and that staff respond to service users in a timely manner.

Five service users' completed questionnaires which confirmed they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and they had been involved in the annual review of their day centre placement.

Five relatives completed questionnaires. They confirmed their relative gets the right care, at the right time, in the right place. They were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and their involvement in their relative's annual review.

### **Areas for improvement**

A recommendation has been stated for the second time in regard to the development of more specific care plan objectives, which accurately reflect the full range of identified needs.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

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. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff were aware of each service user's individual needs and were observed responding positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Lakeland Community Care. The registered manager confirmed the findings from the annual survey had been collated into an evaluation/summary report.

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

- "This is a great place to come. Staff are very good to me."
- "The meals are very good. Every day I come to the centre I get a choice of dinner."
- "I love coming here. This is where I meet all my friends for a chat."
- "Staff are very good to me. They give me all the help I need."
- "I feel safe here. Staff are always about if I need help."
- "The care I get here is excellent."
- "I know the manager and all the staff. If I had any problems I would have no hesitation in approaching them."
- "I enjoy all the activities we do. I particularly like bowling."
- "We have meetings every month where we talk about the centre and the things we would like to get involved in."
- "I am coming here many years and never have had any concerns."

Discussion with three staff confirmed service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Consultation with service users regarding compassionate care and service users' questionnaires identified 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.

Five relative's completed questionnaires. They confirmed that their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well. One relative recorded additional comments which included "Family members are very happy with the attention and care at the centre."

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

The registered manager confirmed that a number of policies and procedures had been developed since the previous care inspection. Review of the policies and procedures manual identified not all policies and procedures were in place in line with Standard 18, Appendix 2 of the Day Care Settings Minimum Standards 2012. A recommendation stated, for the second time in the report of the previous care inspection, in this regard has not been fully addressed and is stated for the third time in this report.

Staff confirmed that they had access to the day centre's policies and procedures

Discussion with service users confirmed they were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule 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 registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 28 September 2016 and minutes were available. Previous staff meetings had been undertaken on 15 June 2016 and 30 March 2016. The registered manager 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 22 July 2015.

The monthly monitoring reports were reviewed from February to September 2016. The reports evidenced visits had taken place on 17 February, 06 April, 01 June, 22 June, 27 July and 07 September 2016. No evidence was available on the day of inspection that a monitoring visit had been undertaken in February or August 2016. The responsible person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

The monitoring report of the 07 September did not identify the time of the visit, if the visit was announced or unannounced. Areas reported upon included risk assessments and the comment recorded by the monitoring officer was "complete". Care plans were also reviewed by the monitoring officer and information recorded in this regard was "up to date". The monitoring report should be more qualitative based. The responsible person must ensure the monthly monitoring reports for this setting are improved upon to include 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. A requirement has been made to address these issues.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with three care staff confirmed the service is managed well, the service is monitored, and communication between the staff and management is effective.

Five service users' questionnaires confirmed the service was managed well; they said they knew the manager and could talk to the manager if they had any concerns. The service users also confirmed staff had responded well to them and they are asked what they would like to do in the setting.

Five relative's questionnaires confirmed the service was managed well; staff and the manager were approachable, professional and caring. They also confirmed they had received a copy of the service user's guide.

## Areas for improvement

A requirement had been made that the responsible person ensures that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 and that the monitoring reports for the day care setting are improved.

A recommendation has been stated for the third time in regard to the development of policies and procedures in line with Standard 18, Appendix 2 of the Day Care Settings Minimum Standards 2012.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 the day care service. 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.

### 5.1 Statutory requirements

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

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	<p>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:</p> <ul style="list-style-type: none"> <li>• Replace/reupholster the identified service users' chairs (seat covering worn/torn).</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The upholstery of the chairs are due to be completed by 21<sup>st</sup> January 2017.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 28  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> <li>• The monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</li> <li>• 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.</li> <li>• Monitoring reports are more qualitative based.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The monitoring visits are carried out on a monthly basis. This centre is only open on Wednesdays and I am targeting the same clients every visit to ascertain their views. The report is an overview of the activities in the centre and I am confident we meet the standards and any issues identified are addressed to provide a good quality for our service users</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 February 2017	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b> A review of our care plan is planned for January 2017 and we have asked the district nurse for specific diabetic training for all our centres. We hope our experienced staff can identify their training needs and highlight any short comings in our systems</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 18	<p>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</p>

<b>Stated:</b> Third time  <b>To be completed by:</b> 31 March 2017	place and that there is full compliance with Standard 18.
	<b>Response by registered provider detailing the actions taken:</b> A range of policies as required by the Day Care Settings Minimum Standards have been drawn up and are available in all day centres.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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