

Unannounced Care Inspection Report 16 May 2017



Lakeland Community Care

Type of service: Day Care Service

Address: Belcoo Enterprise Centre, Railway Road, Belcoo, BT93 5FJ

Tel no: 028 6638 6934

Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lakeland Community Care took place on 16 May 2017 from 09.30 to 15.35 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 service 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 eight 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 review of staff training records identified two staff that required update training in fire safety. A requirement has been made to address this issue.

Service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe.

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 discussion with eight service users evidenced this.

The inspection of elements of three service users care records; incident recording; discussion with eight service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Staff demonstrated a high level of commitment to ensure service users received the right care at the right time. Staff spoken with understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

A recommendation in the report of the previous care inspection in regard to the provision of signatures on service users' care plans, in line with Minimum Standard 5.3, has not been addressed and is stated for the second time in this report.

Service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective.

Is care compassionate?

On the day of the inspection Lakeland Community Care was found to be delivering compassionate care.

The inspection of records, observations of practice and discussions with staff and eight service users confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with eight service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. No areas for improvement were identified during this inspection.

Service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate.

Is the service well led?

Staff confirmed that they were well supported in their roles and that good training is provided. Staff also confirmed that they have the confidence and support of the registered manager and of their colleagues. Service users in the day centre stated that the service was well run by "friendly and caring people."

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. No areas for improvement were identified during this inspection.

Service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led.

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
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patrick McGurn, registered manager and Catherine McKenna, senior care assistant as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Patrick McGurn	Registered manager: Patrick McGurn
Person in charge of the service at the time of inspection: Patrick McGurn, registered manager Catherine McKenna, senior care assistant	Date manager registered: 28/10/2009

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 two care staff
- Discussion with eight 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. Two relatives and two service users' 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 records
- Accident/untoward incident record
- Staff roster
- 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 three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 12 May 2017

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 5 (6) (b)</p> <p>Stated: First time</p>	<p>The registered person shall, maintain a record of all persons employed in the day care setting, including in respect of each person so employed a copy of his/her birth certificate and passport (if any).</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that a copy of the staff member's birth certificate and passport had been obtained.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</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>(c) ensure that the persons employed to work in the day care setting</p> <p>(i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of training records confirmed that the identified mandatory training had been undertaken.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 26 (2) (d)</p>	<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>	Met

<p>Stated: First time</p>	<ul style="list-style-type: none"> Repaint the identified areas within the day centre (paintwork marked / chipped). <p>Action taken as confirmed during the inspection: A tour of the day centre confirmed that this requirement had been addressed.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered manager should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> information on the service user's physical health; mental health; awareness and decision making skills; emotional well-being; capacity for the activities of daily living and self care; if there are any dietary needs; mobility; communication and sensory functioning abilities; lifestyle including their current living arrangements; social needs including where relevant any cultural or spiritual needs. <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of three care records confirmed that this recommendation had been satisfactorily addressed.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p>	<p>Not Met</p>

	<p>Action taken as confirmed during the inspection: The inspector reviewed three care plans. These care plans had been updated on 19 April 2017. The care plans had not been signed by the registered manager or service user. This recommendation has not been addressed and has been stated for a second time in this report.</p>	
<p>Recommendation 3 Ref: Standard 20.2 Stated: First time</p>	<p>The registered manager should ensure that records are maintained in regard to the action taken by the person reviewing the certificate in relation to employing the applicant on the basis of the information available in the enhanced disclosure certificate and the signature of the person checking the content of the certificate.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been implemented.</p>	
<p>Recommendation 4 Ref: Standard 14.10 Stated: First time</p>	<p>The registered manager should ensure that the record of complaint includes the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed.</p>	
<p>Recommendation 5 Ref: Standard 18.1 Stated: First time</p>	<p>The registered manager should ensure that the policy and procedure relating to recruitment and selection is updated to reflect legislative requirements and minimum standards.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed.</p>	
<p>Recommendation 6 Ref: Standard 18.1 Stated: First time</p>	<p>The registered manager should ensure the records policy and procedure is further developed to include details in regard to access to records, the storage, retention and disposal of records.</p>	Met

	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed.</p>	
--	--	--

4.3 Is care safe?

The senior day care worker confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 18 April 2017 until 16 May 2017 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the service users.

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 and examined during the inspection.

Discussion with staff and review of returned staff questionnaires 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, first aid and safeguarding vulnerable adults training. Review identified two staff that required update training in fire safety. A requirement has been made to address this issue.

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.

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 or ongoing safeguarding concerns.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling, clean throughout and well decorated. 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.

Two service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were

worried about someone being treated badly. The service users reported the setting is comfortable and they knew what to do if the fire alarm sounded.

Two relatives returned questionnaires to RQIA post inspection. The relatives identified that they were very satisfied with the safe care in Lakeland Community Care. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

Areas for improvement

One area for improvement was identified in regard to the provision of update training in fire safety.

Number of requirements	1	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the senior day care worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Review of elements of three service users' care files reflected there are risk assessments and care plans in place. There was recorded evidence of multi-professional collaboration. Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Lakeland Community Care.

The review of elements of three service user care files identified the care plans had not been signed by the registered manager or the service user. A recommendation in the report of the previous care inspection in regard to the provision of signatures on service users' care plans, in line with Minimum Standard 5.3, has not been addressed and is stated for the second time in this report. The inspector acknowledges that the care plans were signed and dated by the member of staff responsible for drawing them up.

Care recording for every five attendances was being maintained in the three care records inspected.

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 senior day care worker 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, 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.

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 and 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 health care professionals.

Discussion with the senior day care worker and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 27 April 2017 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.

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

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were satisfied with the effective care. They stated that their relative gets the right care, at the right time, in the right place.

Areas for improvement

A recommendation in the report of the previous care inspection in regard to the provision of signatures on service users' care plans, in line with Minimum Standard 5.3, has not been addressed and is stated for the second time in this report.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager 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.

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.

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 e.g. word games, knitting and bingo. Observations of service users taking part in activities showed participation was good.

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. 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 in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I attend the centre two days per week. I look forward to coming to meet my friends and take part in all the activities."
- "Staff are always welcoming. We get homemade scones every day and a four course lunch. The food is excellent."
- "We have meetings every month where we discuss the running of the centre and what activities we would like to do. I feel we are listened to."
- "We went out for lunch at Easter to Tully House."
- "I can talk to the staff about anything. I feel safe and well looked after here."

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.

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. 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 a vulnerable adult 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 registered manager 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 28 February 2017 and minutes were available. The previous staff meeting had been undertaken on 17 November 2016. The senior care assistant confirmed that the minutes of staff meetings were made available for staff to consult.

The registered manager confirmed that no complaints were received since the previous care inspection on 12 May 2016. Compliments records were also 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 25 April 2017. Three monitoring reports were reviewed from February to April 2017. The monitoring officer reported on the conduct of the day care setting.

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.

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

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

The returned relatives' questionnaires confirmed that they were satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick McGurn, registered manager and 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 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.

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 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.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 26 (4) (e)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.</p>
	<p>Response by registered provider detailing the actions taken: Fire prevention training for all day care staff and office staff is Thursday 6th July 2017 by A&B Fire Equipment, 12 Campsie Road, Omagh. Trainer is Mark Burns</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p>
	<p>Response by registered provider detailing the actions taken: All care plans are signed by service user, senior carer, and registered manager . New templates are put in place as per recommendation of the Inspector</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews