



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Lakeland Community Care, Belcoo
Establishment ID No: 11093
Date of Inspection: 3 July 2014
Inspector's Name: Michele Kelly
Inspection ID: 20150

The Regulation And Quality Improvement Authority
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Name of centre:	Lakeland Community Centre
Address:	Belcoo Enterprise Centre Railway Road Belcoo BT93 5FJ
Telephone number:	(028) 6638 6934
E mail address:	mail@lakelandcare.org.uk
Registered organisation/ Registered provider:	Lakeland Community Care Ltd
Registered manager:	Mr Patrick McGurn
Person in Charge of the centre at the time of inspection:	Mrs Angela Doherty
Categories of care:	Elderly and infirm not fitting into any other category (DCS –I) Day Care Services- Mental Health (DCS –MP)
Number of registered places each day	14
Number of service users accommodated on day of inspection:	13
Scale of charges (per week):	£4.00 daily meals costs As per Trust agreement for day care placement
Date and type of previous inspection:	11 February 2014 Secondary Unannounced
Date and time of inspection:	3 July 2014 9.45am to 2.15pm
Name of inspector:	Michele Kelly

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	11
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	2	2

Inspection Focus

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

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

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

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

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

Profile of Service

Belcoo Day Centre is run by the charitable organisation, Lakeland Community Care and provides day care services to a maximum number of 14 service users in the elderly category of care and service users diagnosed with having a mental health disorder, living in the rural town of Belcoo and surroundings areas.

The organisation also operates four other day centres which are strategically located in other rural towns and villages throughout County Fermanagh. Furthermore, domiciliary care services are also operational from Lakeland Community Care Offices at Belcoo and some service users that attend day care also access domiciliary services on days they do not attend the centre.

The other day centres are located in Newtownbutler, Teemore, Derrygonnelly and Garrison. Belcoo operates two days per week; Tuesday and Thursday from 9.30am to 4.00 pm. Care staff working in Belcoo day care centre also work in the other centres and /or domiciliary care services operated by Lakeland Community Care. This is viewed as a good wrap around model of care provision.

Mrs Angela Doherty manages Belcoo Day Care Centre on a day-to-day basis with the support of assistant carers and administration. Mrs Doherty reports directly to Mr Patrick McGurn who has overall management responsibility and is the registered manager. Mrs Mary Bannon has responsibility for quality assurance and staff training.

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

Summary of Inspection

A primary inspection was undertaken in Lakeland Community Care Ltd (Belcoo) Day Centre on 3 July 2014 from 9:45am to 2:15pm. This was a total inspection time of five hours and thirty minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the two standards and one theme inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

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

The inspector spoke to two staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; developing person centred approach to records and the management arrangements in this day care setting. Mr Pat Mc Gurn is the Registered Manager of this setting and four other day centres in Fermanagh but the senior care worker is in charge on a day to day basis. The inspector discreetly observed staff as they interacted sensitively and skilfully with service users.

Two questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff members described as being of a high standard. Overall the discussion with staff and review of returned questionnaires provided a very positive view of the care within in this day centre and demonstrated a commitment by staff to develop practice in compliance with the day care setting standards.

The inspector spoke with a group of eleven service users regarding the standard inspected and the two themes. This resulted in positive comments relating to attending the centre, the activities they had taken part in; and the care provided by the staff. The inspector observed the service users enjoying an activity involving learning about essential aromatherapy oils. The environment within the centre was clean warm and comfortable. Service users were aware that their individual records were maintained in the centre and knew that they could access this information. The previous unannounced inspection carried out on 11 February 2014 had resulted in two requirements which have been fully achieved. Two of the eight recommendations made at this time have been restated. These refer to the recording of information related to the content and delivery of training and the lack of qualitative detail included within monthly monitoring reports.

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

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

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

A recommendation for quality improvement refers to;

- Ensuring policies in relation to Consent, Management of Records and Absence of the Manager are devised.

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

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

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

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

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

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two criteria were assessed as compliant, one as substantially compliant and one as moving towards compliance. Recommendations are made in relation to;

- The staff member who manages the centre in the absence of the manager having a competency and capability assessment.
- Devising a policy in relation to the absence of the manager.

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Refer to 28.2 28 (4) (c)	<p>Written procedures shall be in place detailing arrangements for assessing and monitoring the quality of service provision at the centre.</p> <p>The registered provider shall maintain a copy of the report and make it available on request to service users or their representatives.</p> <p>Service users and representative as appropriate are aware of the purpose of quality monitoring visits.</p>	<p>Written procedures are in place and they detail arrangements for monthly monitoring. Mary Bannon quality Manager said that service users and their representatives are made aware of the monitoring visit and availability of the report, and can request copies</p>	Compliant
2	19 (2) schedule 5 paragraph 10	<p>A record of incidents that occur at the centre shall be held in the centre.</p>	<p>The inspector confirmed that a record of incidents was stored in the centre.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.5	The review report should outline all elements listed at criterion 15.5.	Review reports within service user files outline all the elements listed at criterion 15.5	Compliant
2	15.6 5.4 4.3	Where changes are made to a service user's needs assessment and/or care plan the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user is unable or chooses not to sign the record document, this should be recorded and the basis of his or her agreement to participate noted.	Revised care plans are signed and dated by the member of staff making the changes and the registered manager or the quality manager who audits the care plans. Service users' signatures were also included in the four files examined.	Compliant
3	13.1 13.2	Safeguarding procedures should be updated to reflect regional and local trust guidance with reference sources included. The safeguarding procedure for staff at the centre should include step by step guidance when they witness or report an allegation or actual incident of abuse. The contact details for named designated trust officer/s should be included in the procedure.	This information has been added to Safeguarding procedures on record in the centre.	Compliant
4	13.10 21.8	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. 	Current training records do not include: <ul style="list-style-type: none"> • a certificate of the respective training • date training session/s carried out • length of the training 	Moving towards compliance

			<p>session</p> <ul style="list-style-type: none"> • contents of training session • staff signatures • name and qualifications of the facilitator. • <p>This recommendation will be restated.</p>	
5	5.2	Lakeland Community Care assigned quality review facilitator should use Standard five and in particular criterion 5.2 alongside regulation 19(1) (a) schedule 4 as a benchmarking tool when auditing care plans.	In service user files examined it was evident that the quality manager had used Standard 5 when auditing care plans.	Compliant
6	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 as described in the main body of the report at 17.11.	Monthly monitoring reports evidenced that there had been regular monthly monitoring visits. These reports had minimal information and it is recommended that more qualitative detail is included. This recommendation will be restated.	Not compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
A confidentiality policy is in place in the centre. All staff are aware receive training on confidentiality on induction to the centre with regular refresher training. All staff has knowledge of the policy and is available for their reference in the centre. The policy outlines the staff members responsibility with regard to dealing with confidentiality of service users personal information, management of records, access to information and records and storage of service user records.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The day care setting had a policy and procedure pertaining to confidentiality of service users' personal information. This had been reviewed in January 2013. The policies and procedures are available for staff reference and the recording practices and storage of service user information is consistent with protocols regarding confidentiality. Staff also have access to current DHSSPS guidance in relation to protocols around confidentiality, recording practice and storage of service users' information.</p> <p>The inspector talked to the manager and staff about their roles in relation to recording and maintaining confidentiality and was satisfied that they were informed and aware of their responsibilities in this regard.</p> <p>Discussion with service users revealed they were aware some information is kept about them. They indicated they had no desire at present to access these; however they were aware that they could.</p>	Compliant

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

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

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff complete a daily report which is kept in the service users file. These are completed at least once a week and daily if any recordable events occurs. Due to the variation of days in our five day centres we have agreed that it is easier to monitor the records on at least a weekly basis.	Compliant
Inspection Findings: The inspector was satisfied with the standard of entry regarding the service users' participation in activities and their progress towards achieving goals within their individual care plan. Entries are recorded weekly in the four service users files viewed as is the policy in the centre.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff are aware what needs to be reported to the Registered Manager, the social worker, the service users family or any other relevant professional, eg; District Nurse, OT, GP. Anything which is reported is recorded in the service users file. The outcome is recorded and all staff are made aware of any change to the service users care plan. Any further action is also documented in the monthly monitoring report.	Compliant
Inspection Findings: The setting does not have policies and procedures pertaining to communication, consent, management of records, monitoring of records, recording and reporting care practices. There is some relevant information about these issues in the policy on Confidentiality. The manager agreed to devise separate documents for the aforementioned policies. A previous recommendation was made to address this criterion.	COMPLIANCE LEVEL Moving towards compliance

<p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. The senior care worker stated that she had full support from management in relation to any concerns she reported.</p> <p>The inspector looked at a number of monitoring inspection records and noted that the monitoring inspection report should be more qualitative based as recommended on the quality improvement plan following the inspection of 11 February 2014. This recommendation is restated.</p>	
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All records are signed by the person who completes the record and signed by the Registered Manager. Staff training records are kept in the centre and are updated as required. Supervision is completed every 3 months and any training requirements are discussed at this time.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of four service user individual records which met this criterion. Consultation with two staff working in the centre confirmed their understanding of this criterion and staff questionnaires reflected that policies and procedures are in place to achieve this criterion.</p>	Compliant

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

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

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

The inspector examined the statement of purpose and ascertained that there was information pertaining to the management structure and staffing arrangements and this was clear and informative.	
Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
Provider's Self-Assessment:	
Staff receive supervision every 3 months and have an annual appraisal. Records of supervision and appraisal are kept in the carers files in the centres. A training plan for centre staff is in place. Staff receive training as and when required.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Staff working in the centre confirmed that they receive regular supervision, appraisal and support and this was evidenced in staff records.	Substantially Compliant
It is noted that there was no policy in relation to the absence of the manager and a recommendation is made to address this issue.	
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	
Provider's Self-Assessment:	
Senior staff in the centre have a minimum Level 3 qualification. All staff attend regular update training in all the mandatory training requirements. Staff are encouraged to attend or avail of any other training opportunities that are relevant to their job role.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined the record of the registered manager and found that he had the qualifications, experience and evidence of competence to manage the day care setting. The registered manager's current registration with NISCC is valid until 16 May 2015.	Compliant

<p>The inspector has previously made one recommendation in relation to the staff member acting in the absence of the manager.</p> <p>Policies and procedures pertaining to the Management and control of operations, for example: staff records; staff supervision and appraisal were also viewed and were in accordance with guidance. The Centre's policies and procedures were all available for staff reference.</p> <p>The inspector viewed the staff training record and found that staff had received a variety of training including all mandatory training topics. There was also evidence of additional training in areas such as dementia awareness and dispute resolution.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially Compliant</p>

Additional Areas Examined

The inspector reviewed the complaints record and noted that no complaints had been received at the centre since the last inspection of 11 February 2014.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were **discussed with Name of Manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Lakeland Community Care, Belcoo

3 July 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Pat Mc Gurn and Mrs Mary Bannon during and after the inspection visit.

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

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	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.	Twice	This recommendation has commenced on recent monitoring visits. The Quality Assurance Manager will discuss reviewing the format of the report in order to make it more qualitative based.	Within two months of the date of inspection 30 August 2014
2	13.10 21.8	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. 	Twice	All future training will include the recommended standards. These will be detailed in the certificate related to the training session and will be signed by the participant.	Within two months of the date of inspection 30 August 2014
3	23.3	The registered manager should complete a competency assessment for the staff member(s) left in charge of the day care setting to ensure they have the appropriate skills, knowledge and training to undertake the delegated responsibilities in his absence.	Once	Staff members in charge of the centre will have completed all the necessary training and assessed as competent. A record of their competency will be kept in centre.	Within three months of the date of inspection 28 September 2014

4	17.4	<p>The registered manager should devise policies and procedures as detailed in Appendix 1. Refers to policies relating to Absence of manager. Consent. Management of records.</p>	Once	Policies on consent, absence of manager and the management of records has now been put in place.	Within three months of the date of inspection 28 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Michele Kelly	26/8/14
Further information requested from provider			