

Inspection Report

3 November 2022



Lakeland Community Care

Type of service: Day Care Setting

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Lakeland Community Care Ltd	Registered Manager: Mr Patrick McGurn
Responsible Individual: Mr Patrick McGurn	Date registered: 28 October 2009
Person in charge at the time of inspection: Senior Day Care Worker	
Brief description of the accommodation/how the service operates: This is a day care setting that is registered to provide care and day time activities for up to 14 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Tuesday and Thursday and is managed by Lakeland Community Care Ltd.	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 November 2022 between 9.35 a.m. and 2.10 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management and Covid-19 guidance was also reviewed.

One area for improvement was identified in relation to the service's fire risk assessment.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "We have meetings and talk about what we want to do in the centre."
- "Fantastic place; very homely."
- "I get to choose what I want to do here; staff respect my choices."
- "The girls are very kind and always greet you with a smile."
- "I feel safe here."

Staff comments:

- "Service users are involved in the running of the centre."
- "We don't have anyone with DoLS and the service users are free to leave."
- "Supervision is done every three months and appraisal annually."
- "Care is very good here."
- "I am well supported in my role."

No questionnaires or electronic feedback was received prior to the issue of the report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021- 2022 inspection years, due to the impact of Covid-19.

The last care inspection of the day care setting was undertaken 23 May 2019 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 23 May 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 23.7 Stated: Second time	The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. Review of a sample of staff duty rosters evidenced that this area for improvement had been addressed.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The person in charge advised that the organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

Records viewed and discussions with person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

A review of accident/incident records evidenced that no accidents/incidents had occurred since the last inspection.

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

Staff were provided with training appropriate to the requirements of their role.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. It was positive to note that a resource folder containing DoLS information was available for staff to reference.

A review of the day care setting's environment was undertaken and the day care setting was found to be warm, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

A fire risk assessment had not been undertaken since 1 May 2018. An area for improvement has been made in this regard.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Covid-19
- Activities
- Meal provision

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). The person in charge confirmed this report was disseminated to all of the service users, in a format which best met their communication needs.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

It was also positive to note that a resource folder containing Dysphagia information was available for staff to reference.

5.2.4 What systems are in place for staff recruitment and are they robust?

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff had all worked in the day care setting for a number of years. The person in charge confirmed that recruitment was managed in accordance with the regulations and minimum standards before staff commence employment and direct engagement with service users.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The person in charge confirmed that the NISCC's Induction Standards for new workers in social care were incorporated in to the day care setting's induction programme.

The person in charge advised there were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC). Staff spoken with also confirmed that they were aware of their responsibilities to keep their registrations up to date. Information regarding registration details and renewal dates were maintained and available to the inspector.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The review of records and discussion with the person in charge confirmed that no complaints were received since the date of the last inspection.

Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day care setting.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time	The registered person shall have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed. Ref: 5.2.1
To be completed by: 31 December 2022	Response by registered person detailing the actions taken: The fire risk assessment will be carried out by A&B Fire Equipment in February 2023.

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



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