

Unannounced Care Inspection Report 7 June 2018



Lakeland Community Care

Type of Service: Day Care Setting
Address: Belcoo Enterprise Centre, Railway Road, Belcoo
BT93 5FJ
Tel No: 02866386377
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This day care setting has 14 places and provides care and day time activities for adults who are over 65 and/or adults with a mental health diagnosis. The setting is open Tuesday and Thursday.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Ltd Responsible Individual(s): Patrick McGurn	Registered Manager: Patrick McGurn
Person in charge at the time of inspection: Catherine McKenna, Senior Care Assistant	Date manager registered: 28 October 2009
Number of registered places: 14	

4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 09.50 to 16.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding and infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Three areas requiring improvement under the regulations were made in regards to fire safety, the Statement of Purpose and reporting arrangements under Regulation 29. Two areas for improvement under the standards were made in regards to the staff roster and staff training records.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “staff here are great, so very kind and caring”, “the food here is lovely, we get four courses”, “I enjoy all of the activities particularly knitting”, “this is a very safe place to come”, “we have meetings with the staff and talk about the meals and activities” and “you couldn’t get better care”.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 16 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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)
- pre-inspection assessment audit

During the inspection, the inspector met with the registered manager, senior care assistant, one care assistant and ten service users. The senior care assistant was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. No responses were received within the timescale requested.

At the request of the inspector, the senior care assistant was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records
- sample of policies and procedures
- sample of activity records
- sample of quality assurance audits

- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Two areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 May 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4) (e) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of staff training records confirmed that fire safety training was undertaken on 6 July 2017.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.3 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant 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 1 May 2018 until 7 June 2018 evidenced that the planned staffing levels were adhered to. The review identified that the registered manager's hours of work were not recorded on the staff roster. This has been identified for an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager confirmed that staff employment records were held within the organisation's head office and that all appointments were made in compliance with relevant legislative requirements and the organisation's policy and procedures. The registered manager confirmed that an induction programme was available for newly appointed members of staff.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. Discussions with the senior care assistant confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff 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 fire safety, safeguarding adults and infection prevention and control training. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

A number of training records did not contain the signatures of those attending the training event, the qualification of the trainer or a record of the content of the training. This has been identified as an area for improvement under the standards.

Discussion with registered manager confirmed that no restrictive practices were required for service users. While it was observed that the entrance door to the day centre had a key pad code system in place in order to prevent inappropriate access, the door can be opened from the inside by both staff and service users without restriction.

Safeguarding procedures were understood by staff members who were interviewed and who confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together. The registered manager stated that there were no current or ongoing safeguarding concerns.

Discussion with the senior care assistant confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The senior care assistant also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The registered manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, weekly safety checks of fire extinguishers and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 24 April 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

A fire risk assessment was undertaken on 1 May 2018. The inspector noted that four significant findings had been highlighted within the report. On the day of inspection there was no evidence to demonstrate that the significant findings had been addressed. This has been identified for an area for improvement under the regulations.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. Staff training records confirmed that staff had received training in

infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The service users were asked if they felt safe in the day centre, the feedback from service users was they felt safe in this day care setting. Service users stated: “I always feel safe here” and “we talk about fire safety at our meetings”. The service users confirmed the furniture was comfortable and safe and they could make their way around the setting safely, lastly they confirmed there was enough staff to give them help if they needed it.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users’ needs. Staff demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. In addition staff had received training in first aid and fire safety. Discussion with staff with regards to the provision of safe care included the following comments. “I feel the care is very safe in the centre and we continually ensure the safety of the clients” and “staff training is very good”.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding and infection prevention and control.

Areas for improvement

Three areas for improvement were identified in relation to fire safety, the staff roster and staff training records.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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

The inspector reviewed elements of three service users’ care files. Care records examined contained an up to date assessment of needs, risk assessments and associated care plans. Care records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the service user.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

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. Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user's placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs.

Service users reported that they knew staff in the setting; they could talk to staff or the manager if they were worried, or had a concern about their care and staff would help them resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were being met.

Service users spoken to during the inspection discussed they were very satisfied with the care and support they had been given in this setting, they were satisfied staff asked them what they needed and their needs were met.

The senior care assistant 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, complaints, fire safety, 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 senior care assistant and staff member 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.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the registered manager. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken to during the inspection felt they were in the right place receiving support and care. They said “staff offer me choice and help if I need it”, “I feel staff listen to my views” and “I enjoy all the activities here in the centre. We potted plants last week and I really enjoyed it”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The senior care assistant 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 service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate and caring. The inspector observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

On the day of the inspection the service users spoke about activities they were enjoying, for example bingo, discussion on topics of interest in the local newspapers and knitting.

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. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. 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.

Service users were asked if care in the setting was compassionate and if they were encouraged to be involved in the running of the day care setting. The service users confirmed staff had asked their opinion regarding meals, the menu planning, activities and the environment. Service users also confirmed they felt staff had involved them in what they did in the day care setting. Service users’ comments included “this is a great service”, “I would be lost without the day centre”, “I have my care review here every year” and “staff are always patient and kind”.

Observation of staff members’ responses and communication with service users during the inspection showed they knew how to put service users at ease, support them and took time to ascertain their choices.

The staff were asked to describe their delivery of compassionate care. Staff described they used observation and communication to ensure they were informed regarding service users changing needs, they encouraged involvement at the level that each service user is comfortable with and encourage all service users to have a say, particularly those who are less vocal. Staff clearly identified they need to listen to service users and provide effective care with kindness and respect.

Discussion with the senior care assistant and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 31 May 2018 and minutes were made available. The inspector noted some of the areas recently discussed during meetings included fire safety, activities and care reviews.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider on 6 April 2018. The inspector reviewed the Statement of Purpose. The Statement of Purpose needs to be reviewed to include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The inspector reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

Discussion with the senior care assistant confirmed that staff meetings were held at least quarterly, and records verified this. The last meeting was held on 20 February 2018 and minutes were available. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The senior care assistant confirmed that the minutes of the meetings were made available for staff to consult.

The complaints record was inspected and revealed two complaints were recorded since the previous care inspection on 16 May 2017, responded to, investigated, the outcome had been recorded regarding the satisfaction of complainants. The process was consistent with the settings policy and procedure furthermore; the issues reported did not reveal any concerns regarding safe, effective, compassionate or well led care.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly. Three quality monitoring reports were examined from March 2018 to May 2018 and found to be satisfactory. The monitoring officer reported on the conduct of the day care setting.

Discussions with service users, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. The inspector noted that the day care setting collects equality information in relation to service users as part of the referral process. The data is used effectively to ensure that individualised and person centred care is developed. The registered manager confirmed that no issues regarding equality had been raised by service users to date. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

Review of accident/incident records identified that an incident had occurred on 27 March 2018. This incident was not reported to RQIA in line with Regulation 29, of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in relation to the Statement of Purpose and reporting arrangements under Regulation 29.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 To be completed by: 30 September 2018	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: 6.4 Response by registered person detailing the actions taken: Fire Risk Assessment completed 1 st May 2018 by A & B Fire Equipment Ltd. The fire management plan is actioned and changed whenever fire risk has changed.
Area for improvement 2 Ref: Regulation 29 (1) (d) Stated: First time To be completed by: Immediate from the time of the inspection	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user. Ref: 6.7 Response by registered person detailing the actions taken: The incident in the day care setting has been reported to RQIA. The service user had a panic attack and was taken to hospital as a precaution.
Area for improvement 3 Ref: Regulation 4 (1) Stated: First time To be completed by: 30 September 2018	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. Ref: 6.7 Response by registered person detailing the actions taken: A new statement of purpose has been sent for approval by Angela Graham, Inspector.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.7 Stated: First time To be completed by: Immediate from the time of the inspection	The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked. Ref: 6.4 Response by registered person detailing the actions taken: Staff rotas are displayed in the centre on a monthly basis. Changes will be recorded.

<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none">• The names and signatures of those attending the training event;• The date(s) of the training;• The name and qualification of the trainer or the• The name and qualification of the trainer or the training agency; and• Content of the training programme. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Training records are updated to include the above recommendations.</p>



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