

Unannounced Care Inspection Report 12 May 2016



Lakeland Community Care

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Tel No: 028 6638 6934
Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lakeland Community Care, Belcoo took place on 12 May 2016 from 09.45 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was very positive feedback from all service users about the delivery of safe care in the day centre. Requirements have been made in relation to staff training, the environment and staff recruitment and selection. A recommendation has also been made in relation to staff recruitment and selection.

Is care effective?

Review reports for service users indicated a high level of satisfaction with the service provided. Recommendations have been made in regard to service user's assessments and care plans.

Is care compassionate?

On the day of the inspection Lakeland Community Care, Belcoo was found to be delivering compassionate care. Discussions with service users provided evidence they were listened to, valued and were treated with dignity and respect by care staff. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

Recommendations have been made in regard to the staff recruitment policy and procedure and the recording of complaints. A recommendation has been stated for the second time in regard to the management of records policy.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the QIP within this report were discussed with Mrs Mary Bannon, Training and Quality Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent estates inspection

The most recent inspection of the day care setting was an announced estates inspection dated 13 October 2015. This inspection did not result in any enforcement action.

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: Lakeland Community Care Ltd	Registered manager: Mr Patrick McGurn
Person in charge of the day care setting at the time of inspection: Mrs Catherine McKenna, Senior Day Care Worker from 09.45 – 11.00 hours Mrs Mary Bannon, Training and Quality Manager from 11.00 – 16.30 hours	Date manager registered: 28 October 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report
- The returned quality improvement plan (QIP) from the previous care inspection.

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

- Discussion with the training and quality manager
- Discussion with two care staff
- Discussion with 12 service users
- Examination of records
- File audits
- Evaluation and feedback.

The senior day care worker was provided with five questionnaires to distribute to randomly selected service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. Four service users and one staff questionnaire were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident / untoward incident record (none recorded since the previous care inspection)
- One staff recruitment file
- Staff supervision and appraisal records
- Elements of two service users' care files
- Sample of policies and procedures
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent estates inspection dated 13 October 2015

The most recent inspection of Lakeland Community Care, Belcoo was an announced estates inspection undertaken on 13 October 2015. The completed QIP was returned and approved by the estate inspector. Validation of compliance will be examined by the estate inspector at their next inspection visit.

4.2 Review of recommendations from the last care inspection dated 03 July 2014

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.10 Stated: First time	To ensure that the organisation is being managed in accordance with minimum standards, the monitoring visit and report should be more qualitative based.	Met
	Action taken as confirmed during the inspection: Review of three monthly monitoring reports confirmed that this recommendation had been addressed. Monthly monitoring reports sampled were qualitative in content.	

<p>Recommendation 2</p> <p>Ref: Standards 13.10 and 21.8</p> <p>Stated: First time</p>	<p>It is recommended that training records should include:</p> <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. <hr/> <p>Action taken as confirmed during the inspection: Review of two staff files confirmed that this recommendation had been fully addressed.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The training and quality manager confirmed that the identified staff member had completed a competency and capability assessment on 10 September 2014.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Policies and procedures had been reviewed following the previous care inspection in relation to the absence of the manager and consent. The training and quality manager confirmed that these policies and procedures were reflective of current best practice guidelines. The policy and procedure for management of records required to be further developed to include access to records, storage, retention and disposal of records.</p> <p>This recommendation has been partially met and has been stated for a second time in relation to the review of the policy and procedure for the management of records.</p>	<p>Partially Met</p>

4.3 Is care safe?

The training and quality manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for week commencing 22 March until 12 May 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty. Care staff responded to service users requests in a timely manner.

Discussion with the training and quality manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of two staff files confirmed that supervisions were completed for staff on a quarterly basis and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Review of the staff training matrix concluded one staff member had not received update training in safeguarding vulnerable adults, first aid and behaviours that challenge. A second staff member had not received update training in infection prevention and control and basic food hygiene. A requirement has been made to address this issue.

The inspector reviewed one staff recruitment file. The file did not contain a copy of the employee's birth certificate and passport (if any). A requirement has been made to address this issue.

Evidence was available that an enhanced disclosure certificate had been obtained for the staff member. Records were available in regard to the date enhanced disclosure was requested, the date enhanced disclosure was received and a record of the certificate number. It is recommended that the person reviewing the certificate document the action taken in relation to employing the applicant on the basis of the information available and the signature of the person checking the content of the certificate. A recommendation has been made to address this issue.

The training and quality manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The training and quality manager stated that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Fire exits and corridors were observed to be clear of clutter and obstruction.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Two identified areas within the day centre required repainting as the paintwork was marked and chipped. A requirement has been made in this regard.

Areas for improvement

A requirement has been made that the registered person ensures that staff receive up to date training in safeguarding vulnerable adults, first aid, behaviours that challenge, infection prevention and control and basic food hygiene. A requirement and recommendation has

been made in regard to recruitment and selection. A requirement has also been made in regard to the environment.

Number of requirements:	3	Number of recommendations:	1
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4.4 Is care effective?

The review of elements of two service user care files identified there was incomplete assessment information in place. A discussion took place with the training and quality manager about Minimum Standard 2.4 and Standard 4 concerning assessments. A current person-centred assessment of need must be in place which should include, as appropriate, information on the service user's physical health; mental health; awareness and decision making skills; emotional well-being; capacity for the activities of daily living and self-care; if there are any dietary needs; mobility; communication and sensory functioning abilities; lifestyle including their current living arrangements; social needs including where relevant any cultural or spiritual needs.

The two needs assessments reviewed had not been signed by the registered manager. This does not comply with Minimum Standard 5.3 and is an identified area for improvement. The inspector acknowledges that the needs assessment were signed and dated by the service user and the member of staff responsible for drawing them up. A recommendation is made to address these issues.

The review of elements of two service user care files also identified the care plans had not been signed by the registered manager. This does not comply with Minimum Standard 4.3 and is an identified area for improvement. It is recommended that the care plan is signed by the registered manager. The inspector acknowledges that the care plans were signed and dated by the service user and the member of staff responsible for drawing them up.

Service users' care files were stored securely in a locked filing cabinet in order to maintain confidentiality.

Discussion with the training and quality manager confirmed that staff meetings were held on a quarterly basis, or more frequently, and records verified this. The last meeting was held on 14 April 2016 and minutes were available.

Staff stated that there was effective teamwork. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager if required.

Discussion with the training and quality manager and review of records evidenced that service user meetings and were held generally on a monthly basis. The last meeting was held on 26 April 2016 and minutes were available.

Service users spoken with and responses received from questionnaires issued expressed their confidence in raising concerns with the day centre's staff / management.

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

Areas for improvement

Recommendations have been made in regard to service user's assessments and care plans.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

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

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. For example, one care staff member was overheard offering service users a choice of television channel.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plan.

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

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

There were systems in place to ensure that the views and opinions of service users, were sought and taken into account in all matters affecting them. The comments within the questionnaires returned to RQIA evidenced that compassionate care was delivered within the day care setting.

The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for February, March and April 2016.

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

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

- "Staff are very kind and caring".
- "I am able to express my views here and they are listened to at all times".
- "I am offered choice by staff this includes choice of meals and activities / outings".
- "I really enjoy coming here. Staff are respectful and helpful".
- "The day centre is perfect the way it is. I do not want any changes to the centre".
- "The centre is very well run".
- "I look forward to coming to the centre to see my friends and the staff".
- "We go out on trips. We went to the Slieve Russel Hotel recently and had a great day".

Review of five completed service user and staff RQIA questionnaires asking for opinions on how safe, effective and compassionate the care is and how well led the service is; concluded all of the responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Policies and procedures were indexed, dated and approved by the registered person. Staff confirmed that they had access to the home's policies and procedures.

The following policies were reviewed by RQIA, they were not robust, or in accordance with Regulations, Minimum Standards for Day Care Settings and current good practice guidelines:

The inspector reviewed the staff recruitment and selection policy and procedure. There were no references made to Regulations 10, 19 (2) and 21 or retaining information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007. A recommendation has been made to address this issue.

The inspector reviewed the management of records policy and procedure. This policy was reviewed on 02 January 2016. The policy needs to be further developed to include details in regard to access to records, the storage, retention and disposal of records. A recommendation made in the report of the previous care inspection in this regard has not been fully addressed and will be stated for the second time in this report.

The inspector reviewed the complaints record. One complaint was recorded since the previous care inspection. The complaints record requires to be further developed to include the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome. A recommendation is made to address this issue.

Discussion with the training and quality manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

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

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. The day centre's certificate of public liability insurance was also displayed appropriately.

The completed RQIA staff questionnaire reflected staff were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

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

Areas for improvement

A recommendation has been made in regard to the staff recruitment policy and procedure. A recommendation has also been made in regard to the recording of complaints. A recommendation has been stated for the second time in regard to the management of records policy.

Number of requirements:	0	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mary Bannon, Training and Quality Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 5 (6) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person shall, maintain a record of all persons employed in the day care setting, including in respect of each person so employed a copy of his / her birth certificate and passport (if any).</p> <p>Response by registered person detailing the actions taken: As stated in our Recruitment Policy, a copy of Birth Certificates, passports, driving licence is required for the personnel file and will be kept in setting.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(c) ensure that the persons employed to work in the day care setting. (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>Response by registered person detailing the actions taken: Relevant training has been provided for the Senior and Care Assistant in June 2016.</p>
<p>Requirement 3</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issue must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked / chipped). <p>Response by registered person detailing the actions taken: I have reported the concerns to the Belcoo Enterprise Board who are carrying out the relevant repairs as requested.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered manager should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> • information on the service user's physical health; • mental health; • awareness and decision making skills; • emotional well-being; • capacity for the activities of daily living and self care; • if there are any dietary needs; • mobility; • communication and sensory functioning abilities; • lifestyle including their current living arrangements; • social needs including where relevant any cultural or spiritual needs. <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Response by registered person detailing the actions taken: The current assessments include all of the above and we have added lifestyle and current living arrangements as an additional from care plan. Assessments are dated signed by service user, staff member and registered manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Response by registered person detailing the actions taken: Careplans are dated and signed by service user, staff member and registered manager.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that records are maintained in regard to the action taken by the person reviewing the certificate in relation to employing the applicant on the basis of the information available in the enhanced disclosure certificate and the signature of the person checking the content of the certificate.</p> <p>Response by registered person detailing the actions taken: A template is in place to review the Access NI check and to have it authorised by the personnel officer and the registered manager.</p>

Recommendations	
Recommendation 4 Ref: Standard 14.10 Stated: First time To be completed by: 30 June 2016	The registered manager should ensure that the record of complaint includes the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome.
	Response by registered person detailing the actions taken: All complaints are dealt with as above and findings recorded as per our complaints policy and procedure. This complaint was outside the remit of our service and was dealt with by the Trust personnel carrying out the consultation.
Recommendation 5 Ref: Standard 18.1 Stated: First time To be completed by: 30 June 2016	The registered manager should ensure that the policy and procedure relating to recruitment and selection is updated to reflect legislative requirements and minimum standards.
	Response by registered person detailing the actions taken: A new recruitment policy is now in place to reflect the legislative requirements and minimum standards presently.
Recommendation 6 Ref: Standard 18.1 Stated: Second time To be completed by: 30 June 2016	The registered manager should ensure the records policy and procedure is further developed to include details in regard to access to records, the storage, retention and disposal of records.
	Response by registered person detailing the actions taken: The policy in regard to access to records, storage, retention and disposal is covered under our Data Protection policy.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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