

Inspection Report

28 September 2023



Lakeland Community Care

Type of service: Day Care Setting
Address: Belcoo Enterprise Centre, Railway Road, Belcoo, BT93 5FJ
Telephone number: 028 6638 6377

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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 Care Assistant.	
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 on a Thursday and is managed by Lakeland Community Care Ltd.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 September 2023 between 11.15 a.m. and 3.15 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 and Dysphagia management was also reviewed.

Areas for improvement identified related to the reporting of incidents, care records and the monthly monitoring report.

Good practice was identified in relation to service user involvement and staff training.

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.

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:

- "The food is lovely. We are given choice for lunch."
- "I have been attending here for a long time and I enjoy it."
- "I enjoy the food."
- "I like the activities. The staff are good to me."
- "We are given plenty of choice."
- "The food is good."
- "I am happy coming here and I like it."
- "We do chair exercises, art and different ball games."
- "The staff ask us what activities we want to do."

Staff comments:

- “If we need anything for the service users the management get it straight away. I could go to the manager if I had any concerns and I would be listened to. The training is good and we can ask for additional training. We have requested the Dementia Bus return, which comes from England. I am up to date with all my mandatory training and I am aware of my NISCC (Northern Ireland Social Care Council) requirement to keep my registration up to date. The service users choose the activities and their choice of food. There is a person centred approach taken with all the service users.”

No questionnaires were returned and no responses were received to the electronic staff survey.

5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 3 November 2022 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 3 November 2022		
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) (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	Met
	Action taken as confirmed during the inspection: Following a review of the current fire risk assessment, the inspector confirmed compliance with Regulation 26 (4)(a).	

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 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 in normal business hours. 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.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the 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.

There were systems in place to ensure that notifiable events were recorded. It was noted that one incident had not been reported to RQIA in line with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. An area for improvement was identified.

Staff were provided with Moving and Handling 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. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. 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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

The day care setting's fire safety records were reviewed. The inspector noted that the fire risk assessment had been updated on 10 February 2023 and identified actions addressed. There was evidence that a fire evacuation drill was completed on the day of the inspection and that required fire checks had been carried out.

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.

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:

- Food choice
- Activities

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

One service user was assessed by SALT with recommendations provided requiring their food and fluids to be of a specific consistency. A review of the care records identified that the care plan referred to the SALT assessment. However, a risk assessment had not been developed to address the service users' dysphagia needs in line with SALT recommendations. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been identified. Advice was given in relation to ensuring that future care plans and risk assessments reflect the date of the SALT assessment.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

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 team 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 members commence employment and direct engagement with service users. No agency workers have been working in the day centre.

A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed 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 a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures was in place.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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, their relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; safeguarding matters; staff recruitment and training, and staffing arrangements. The inspector noted that not all accident/incidents had been recorded in the monthly monitoring report. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was not on display. The inspector was informed that the registration certificate had been lost during the redecoration of the day care setting. The person in charge advised that the registered manager was waiting on a replacement certificate from RQIA. The day care setting's current certificate of public and employers' liability insurance was appropriately displayed.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

6.0 Quality Improvement Plan/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

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas 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 29 (1)(d) Stated: First time To be completed by: Immediate and ongoing from the date of 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: 5.2.1
	Response by registered person detailing the actions taken: The registered person will ensure that any adverse accidents or incidents that occur in the day centre is reported to RQIA without delay
Area for improvement 2 Ref: Regulation 16 (1)(2) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the risk assessments are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the SALT. Ref: 5.2.3
	Response by registered person detailing the actions taken: The LCC risk assessment is in place to reflect the IDDSI requirement.
Area for improvement 3 Ref: Regulation 28 (4)(b) Stated: First To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that all accident/incidents are reviewed in the monthly quality monitoring reports. Ref: 5.2.6
	Response by registered person detailing the actions taken: A robust system is now in place to ensure that all accidents and incidents are recorded on the monthly monitoring reports.

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



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