

# Inspection Report

**Name of Service:** Lakeland Community Care  
**Provider:** Lakeland Community Care Ltd  
**Date of Inspection:** 23 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Lakeland Community Care
<b>Responsible Person:</b>	Mr Patrick McGurn
<b>Registered Manager:</b>	Mr Patrick McGurn
<b>Service Profile</b> – This is a day care setting that is registered to provide care and day time activities for up to 18 service users over the age of 65 who may be frail and/or have a mental health need. The day care setting is open on a Wednesday and is managed by Lakeland Community Care Ltd.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 23 April 2025, between 10.35 am and 3.15 pm by a care Inspector.

The inspection examined the agency'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 examined.

One area for improvement identified related to assessment and care planning around dysphagia.

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

We would like to thank the manager, service users and staff team for their help and support in the completion of the inspection.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards at the time of our inspection, highlighting both good practice and any areas for improvement. It is the

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

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending and working within the day care setting and examine a sample of records to evidence how the day care setting is performing to the regulations and standards.

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 staff survey.

### **3.2 What people told us about the service and their quality of life**

We spoke to a number of service users, relatives and staff to seek their views of visiting, attending and working within the day care setting.

Service users said that they were happy with the care and support provided by the staff who were approachable and kind. Some comments noted included; "I enjoy coming here – the food is top class." And; "I like it here, it is good for me".

We received several responses from the service user/relatives questionnaire indicating that service users were 'very satisfied' that the care provided was safe, effective and compassionate and that the service was well led.

Staff spoke positively in regard to the care delivery and management support in the day care setting.

Relatives contacted for feedback indicated that they were very satisfied with the level of care provided at the day care setting. Two comments included the following statements; "My relative is happy and I am happy." And; "They are absolutely brilliant – my relative can't wait to get going to it".

### **3.3 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 25 October 2023 by a care inspector. No areas for improvement were identified.

## **3.4 Inspection findings**

### **3.4.1 Adult Safeguarding and Incident Reporting**

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's Adult Safeguarding policy and procedures was examined and it was identified that it did not reference the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The procedure for staff in reporting concerns out of hours was not clear. This was discussed with the person in charge and the registered manager who has since reviewed and amended the existing policy to satisfactory effect to include such details alongside a step by step guidance procedure referred to but not included within the original policy document. The organisation had an identified Adult Safeguarding Champion (ASC).

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 their induction and every two years thereafter.

The person in charge retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No referrals had been made since the last inspection. Staff had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

A review of the management of accidents and incidents within the day care setting, identified that there had been no incidents or accidents that had occurred since the last inspection. Discussion with the person in charge indicated they were aware of incidents that must be reported RQIA in keeping with the regulations.

### **3.4.2 Mental Capacity and Restrictive Practice**

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 had completed appropriate DoLS training appropriate to their job roles. At the time of inspection there were no service users that were subject to DoLS or restrictive practices within the day care setting.

### **3.4.3 Staff Selection, Training and Recruitment Records**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks

were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed 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. There was evidence of a robust induction programme for new staff, which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. The day care setting held a record of training for all staff which was reviewed regularly and updated after each training event.

The person in charge confirmed that no service users required the use of specialised equipment to assist them with moving, however should this be required, training was included within the day care setting's mandatory training programme.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required assistance with their medication when attending the day centre.

#### **3.4.4 Dysphagia Management**

The person in charge confirmed that there were no service users that required input from a Speech and Language Therapist (SALT) or recommendations regarding food and fluids consistency. However, it was of concern to note during a review of one service user's care records, that there was a history of dysphagia noted within the initial assessment but there was no record that this had been explored further prior to offering a place within day centre. The person in charge responded immediately by contacting the referring HSC staff to seek clarity on this and it was confirmed then that there were no SALT recommendations in place for the identified service user. A discussion took place with the person in charge regarding the need to ensure that all identified care needs are robustly explored and documented as part of the initial assessment process prior to offering a place at the day centre to ensure that service user's care needs can be safely met. It was suggested to the person in charge that a review of the dietary needs of all service users should take place and from this, a central record devised to document the dietary/SALT recommendations of all service users which can be easily checked at meal times by staff to ensure the appropriate food and fluids are given at meal times. An area for improvement has been identified.

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

### 3.4.5 Care Records and Service User Input

A review of service users' care records identified that each service user had a person centred support plan to enable them to follow and participate in all aspects of their care. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service their individual preferences and choices around activities they could avail of within the centre. It was positive to note that service users were also asked to consent to having their photograph taken and placed at the front of their care records. The details of care plans were shared and signed by service users and/or their representatives as appropriate. Staff recorded regular evaluations about the care and support provided within their daily recording sheets.

It was good to note that services users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis in line with the commissioning trust's requirements. Feedback from relatives indicated that they were very satisfied with the support provided to their loved one within the centre.

The day care setting held service user meetings on a regular basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. Activities on offer within the centre included: quizzes, chair exercises, reading the local news, dominoes and bingo.

### 3.4.6 Quality and Management of the Environment

The day care setting was observed to be tidy, suitably furnished, and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed. The day room offered a safe environment with suitable activities on offer to participate in, making it a pleasant and welcoming environment.

### 3.4.7 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and selection; and staffing arrangements including training.

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

The day care setting's registration certificate was up to date and displayed.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints and

were aware of their responsibility to report all complaints to the manager or the person in charge.

This inspection resulted in one area for improvement being identified. Findings of the inspection were discussed with Mr Pat McGurn, Registered Manager, as part of the inspection process and can be found in the main body of the report.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan are outlined below. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The Registered Person shall ensure that service users' care plans are prepared in consultation with the service users and or service user's representative as to how the service users care needs will be met in day care</p> <p>This relates to ensuring that care needs and risk assessments relating to dietary needs and dysphagia are explored for all service users and implemented prior to offering a day care placement.</p> <p>Ref: 3.4.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has implemented a robust system, to make sure that the referral information sent to the daycentre is read in depth and any queries actioned and noted on file</p> <p>Care plan will then be set up with the relevant paperwork and in line with the risk assessment.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews