

# Inspection Report

**Name of Service:** Lakeland Community Care  
**Provider:** Lakeland Community Care Ltd  
**Date of Inspection:** 2 September 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 Ltd
<b>Responsible Individual/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 16 service users. Service users are people over the age of 65, who may also be frail, have a physical disability, and/or early stage dementia. The day care setting is open Tuesday and Friday and is managed by Lakeland Community Care Limited.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 September 2025 between 10 am and 2.40 pm by care Inspector.

The last care inspection of the day care setting was undertaken on 2 August 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care; and if the service is well led.

Service users were observed to be enjoying their experience and engaged well in the activities provided. Those who spoke with the inspector said that they had a very enjoyable time at the day centre and that it provided them with the opportunity to socialise in a safe and welcoming environment. Refer to Section 3.2. for more details.

Good practice was identified in relation to service user involvement, staff interaction and the activities which service users were observed to be engaged in.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led, however improvements were required to ensure the effectiveness and oversight of certain aspects of the agency. As a result of this inspection two areas for improvement were identified; in relation to care records and monthly monitoring reports. Details of the inspection findings can be found in the main body of the report.

## 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 review 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

We spoke to a number of service users, relatives, staff and Health and Social Care (HSC) staff to seek their views of visiting and working within the day care setting.

Service users who spoke with the inspector said that they were happy with the care and support provided in Garrison Day Centre. Two comments included the following statements: "It's very good" and, "It couldn't be better - I would be lost without it".

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and that they could approach the staff with any concerns if they needed to.

Staff who spoke with the inspector spoke positively about the care delivery, training and management support in the day care setting.

Healthcare staff who provided feedback on the service indicated that the care and support provided in the centre was good, that staff were approachable, good at communicating any concerns and made service users feel at ease to raise any issues. One comment included the following statement: "It is brilliant here – the staff are fantastic and the service users just love it".

## 4.0 Inspection findings

### 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 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).

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 to refresh this on an annual basis thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing. The person in charge advised that no safeguarding concerns had been raised since the last inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). No incidents or accidents had occurred since the last inspection.

### 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.

All staff had completed appropriate MCA training appropriate to their job roles. The person in charge advised that no service users were subject to authorised Deprivation of Liberty Safeguards (DoLS) and were aware that service users who required high levels of supervision or monitoring and restriction must have their capacity considered and, where appropriate, assessed. There were no restrictive practices implemented in the day care setting.

### 4.3 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing and all staff received regular supervision.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the day care setting's staff recruitment records of the most recently recruited staff 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). There was a system in place for professional registrations to be monitored on a regular basis. Staff spoken with confirmed that they 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 that the induction programme for all new staff included shadowing of a more experienced staff member.

Staff were provided with training appropriate to the requirements of their role. A record was maintained of all staff training which was checked regularly. It was positive to note that arrangements were made for staff to refresh their training on a yearly basis.

#### **4.4 Dysphagia Management**

The person in charge reported that no service users have Dysphagia needs. 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 good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary requirements.

#### **4.5 Care Records and Service User Input**

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require. A review of a selection of care records however, identified that one service user required an up to date moving and handling risk assessment. An area for improvement has been identified.

It was positive to note that the day care setting held service user meetings on a monthly basis which enabled the service users to give their views on what they wanted from attending the day care setting. A review the minutes of service users' meetings identified that service users availed of a range of activities including music, story-telling, boccia, bingo, ball games and exercises.

## 4.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable 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.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

## 4.7 Governance and Managerial Oversight

Monthly visits to the day care setting were conducted each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency/day care setting. A review of a sample of reports completed in respect of these visits found that information was missing, for example, the number of incidents, accidents and safeguarding concerns was not included in one report. Service users' views were noted to be the same in subsequent reports and there were no actions identified. An area for improvement has been identified.

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

There was a system in place to ensure that complaints are 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 received since the previous care inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend.

## 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in two areas 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.

Areas for improvement have been identified and action is required to ensure compliance with the Regulations and Standards. The timescales for completion commence from the date of inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 28  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The Registered Person shall arrange for an individual who does not manage the day care setting to visit at least once a month and complete a report that comments on the standard of care in the day care setting. The report should include the views of service users, relatives and or their representatives and staff. It should review and trend data on the number of accident and incidents and any learning disseminated to all staff and review records monitored to identify actions that will be taken to improve the quality and standard of care provided.</p> <p>Ref: 4.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The registered manager will make sure that he speaks to relatives and repersenatives as well as service users when carrying out the manager reports if available. All data will be documented and if needs are identified they will be addressed.</p>
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	<p>The Registered Person shall ensure that assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.</p> <p>Ref: 4.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The registered person will ensure the assessments are kept under continual review and amended when changes occur and this will be carried out by senior staff in charge of the day centre.</p>



The Regulation and  
Quality Improvement  
Authority

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