

# Inspection Report

**Name of Service:** Lakeland Community Care  
**Provider:** Lakeland Community Care Ltd  
**Date of Inspection:** 9 May 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 Person:</b>	Mr Patrick McGurn
<b>Registered Manager:</b>	Mr Patrick McGurn
<b>Service Profile –</b> Lakeland Community Care is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. The agency has their services commissioned by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 9 May 2025, between 10.20 am to 4.05 pm and was conducted by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 20 June 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. An area for improvement identified during this inspection related to the reporting of incidents.

Service users said that that the standard of care and support provided by Lakeland Community Care was a good experience.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider. Full details, including the area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We wish to thank the manager, service users, relatives, staff and Trust representative for their support and cooperation during 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 agency 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 agency. This included the previous area for improvement issued, registration information, and any other written or verbal information received from staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of service users who are in receipt of the service, relatives and the staff who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation 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.

### **3.2 What people told us about the service**

We spoke to a range of service users, relatives, a Trust representative and staff to seek their views of the care and support provided by the agency.

Service users told us that they were very satisfied with the care and support provided. Two comments from service users included the following comments; "The carers care for me very well and I want for nothing when they are there". And "The carers are friendly and respectful".

Relatives told us that they were generally satisfied with the care and support provided. Two comments included the following statements; "I find the agency very good. The carers are excellent and are very kind and caring". And "The carers are very attentive and always turn up when they are supposed to". One relative raised a matter which was shared with management following the inspection for further consideration and action, as appropriate.

Staff who spoke with us spoke positively in regard to care delivery and management support within the agency. Two comments included the following statements; "I got a very good induction which included training and shadowing." And "All changes in care are shared with carers as soon as they occur".

One Trust representative who provided feedback about the service commented that the agency was reliable and communication was good.

### 3.3 Inspection findings

#### 3.3.1 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 skill of staff meets the needs of service users. There was evidence of robust systems in place to manage staffing.

Review of the agency'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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date.

All staff received regular supervision and appraisals.

#### 3.3.2 Care Delivery and Care Records

A sample of service users' care records were examined and contained sufficient information about the level of care and support provided and service users had input into devising their own plan of care. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' needs were met within the agency.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support by Lakeland Community Care.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Patrick McGurn has been the registered manager in this agency since 7 May 2009. Staff consulted with commented positively about the manager and described him as supportive and approachable

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

The agency's governance arrangements for the management of accidents/incidents was reviewed. Review of records identified that an incident reported to the Police Service of Northern Ireland (PSNI) had not been reported to RQIA in line with the Regulations. An area for improvement has been identified.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. The Training and Quality Assurance Officer was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed.

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 by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a protocol in place for staff to follow where service users were found not to be at home.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

### 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

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

An area for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick McGurn, Manager, and the Training and Quality Assurance Officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (12) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The Registered Person shall ensure that the Regulation and Improvement Authority is notified of any incident reported to the police.</p> <p>Ref: 3.3</p> <p><b>Response by Registered Person detailing the actions taken:</b>            Registered Manager will ensure that in line with RQIA guidelines, we will make sure that any incident involving the police will be reported to RQIA in a timely matter.</p>

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



The Regulation and  
Quality Improvement  
Authority

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