The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lakeland Community Care Ltd

Provider: Lakeland Community Care Ltd

Date of Inspection: 19 December 2024

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

1.0 Service information

Organisation/Registered Provider:	Lakeland Community Care Ltd
Responsible Individual:	Mr Pat McGurn
Registered Manager:	Mr Pat McGurn
Service Profile: Lakeland Community Care is a domiciliary care agency based in Omagh, County Tyrone. The agency provides care and support to 325 people living in their own homes with a staff team of 95 care workers. Services provided include personal care, medication support and meal provision.	

2.0 Inspection summary

An unannounced inspection took place on 19 December 2024, between 10.00 a.m. and 1.30 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led.

People consulted with spoke positively about the care and support provided by the agency. Refer to Section 3.2 for more details.

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 service 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 the agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those working for the agency; and of the service users in receipt of care and support and/or their relatives. Inspectors review/examine a sample of records to evidence how the service 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. This included questionnaires and an electronic survey.

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

We spoke with the service users and staff to seek their opinions on the quality of the care and support, their experiences of, or working for Lakeland Community Care.

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users' relatives spoke positively about their experience of the support they received from staff. They described the staff as being 'brilliant' and that all the staff were 'dependable'. Staff spoken with said that they 'loved' their jobs and described Lakeland Community Care as being 'the best job (they) ever had'.

The information provided indicated that there were no concerns in relation to the agency.

We did not receive any responses from the staff online survey.

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

Areas for improvement from the last inspection on 21 April 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 15 (2) (b)(c)	The registered person shall ensure that assessments of need, service user agreements and care plans are in place for all service users; this relates specifically to service users who pay the agency directly for their care and support (direct payments).	**Met**

	Action taken as confirmed during the inspection: The agency no longer provided care and support to anyone under direct payment arrangements, therefore this area for improvement was no longer relevant.	
Area for improvement 2 **Ref:** Regulation 13 (d)	The registered person shall ensure that all job applications record a full employment history, going back to school leaving age.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. There was evidence that this area for improvement was met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4	The registered person shall ensure that relevant office staff are provided with training in relation to adult safeguarding and complaints management; records must be retained to evidence the training, by whatever means provided.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

3.4 Inspection findings

3.4.1 Staffing arrangements

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 working each day meets the needs of service users.

A 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.

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.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

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

There were enough staff employed to meet the needs of the service users.

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels.

3.4.3 Care Delivery and the Management of Care Records

Service users' needs were assessed within two days of their care starting with Lakeland Community Care. Service users' needs were also reviewed on an annual basis, or more frequently if there were any changes in the service users' needs.

Service User Agreements were signed by service users or their representatives within five days of the service starting.

The care plans were detailed and directed staff on the tasks they needed to complete and enough information for them to know the service users' needs and preferences. Advice was given in relation to including the date specific risk assessments were completed into the care plan, in line with best practice.

The daily notes completed by staff within the service users' homes were returned to the office on a regular basis.

There were spot checks undertaken on staffs' practice to ensure that they attended the service user on time and that they adhered to good infection prevention and control practices.

3.4.4 Quality of Management Systems

There has been no change in management since the last inspection. Mr Patrick McGurn has been the Registered Manager since 31 October 2022. Mr McGurn is also the manager of a number of other registered services; and is supported in the day to day operational control of Lakeland Community Care by two Training and Quality Assurance Officers. Both described the manager as always available to provide guidance.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care and staff practice. Any missed or late calls were monitored as part of the monthly quality monitoring processes. Any calls that had been cancelled by the agency were recorded together with the calls that had been cancelled by family members. It was advised that these are recorded separately as the volume of calls cancelled by the agency is useful data to assess service provision.

Advice was also given regarding the need to include staff feedback in the annual quality report; this will be reviewed at a future inspection.

Staff told us that they would have no issue in raising any concerns regarding service users' safety or care practices. Staff were aware who they could contact should they need to escalate further. Service users and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the management of Lakeland would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the persons in charge, as part of the inspection process and can be found in the main body of the report.

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