The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lakeland Community Care Ltd

Provider: Lakeland Community Care Ltd

Date of Inspection: 20 November 2025

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 Patrick McGurn
Registered Manager:	Mr Patrick McGurn
Service Profile – Lakeland Community Care Ltd is a domiciliary care agency based in Omagh, County Tyrone. The agency provides care and support to 315 service users living in their own homes with a staff team of 130 care workers. Services provided include personal care, medication support and meal provision.	

2.0 Inspection summary

An unannounced inspection was undertaken on 20 November 2025 between from 10.30 am and 4.20 pm by a care inspector.

The last care inspection of the agency was undertaken on 19 December 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if it is delivering safe, effective and compassionate care and if the service is well led.

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

One new area for improvement was identified during this inspection. This relates to the completion of monthly monitoring reports. This area for improvement is discussed within the body of this report and in the quality improvement plan (QIP) in Section 5.

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 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 service. 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 receiving support, as well as those working within the agency and review a sample of records to evidence how it 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

Service users and relatives who provided feedback on the service indicated that they were satisfied with the care and support provided by the agency. One service user who spoke with the inspector described the staff as “Lovely girls – they come on time and are very reliable”.

Relatives who spoke with the inspector advised that they were happy with the carers and that the staff in the office were responsive to any queries they had.

Staff who spoke with the inspector indicated that the service users receive good care and support from the agency, that the training was useful and that their manager was approachable and supportive. One staff member indicated that they felt that carers would benefit from end-of-life care training. This was discussed with the person in charge for consideration and action, as appropriate.

Health and Social Care professionals who spoke with the inspector advised that staff are very helpful and responsive and that the agency works in partnership with them to find solutions to any issues arising. Another HSC representative said that the agency were very person centred, effective at communicating any concerns; and deliver a good standard of care to service users.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and outlined the procedure for staff 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. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Arrangements were in place for staff to refresh this training annually. 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 during and outside normal business hours.

Staff could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns in the public interest (whistleblowing).

The agency's accident/incident policy was reviewed and amended at the Inspector's request to ensure it provides staff with clear guidance regarding how to report concerns outside normal working hours.

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. In addition to hard copy documentation there was an electronic recording system where all accidents/incidents were recorded when initially reported. It was recommended that a system be developed and implemented to aid the manager with identifying any trends / patterns in relation to accidents / incidents in order to inform ongoing quality improvement within the service. This will be reviewed at a future inspection.

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

4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions and the manager confirmed there were no restrictive practices in place for any of the service users within the service.

4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff selection and 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. Staff were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction which incorporated NISCC's Induction Standards for new workers in social care; this helps to ensure staff are 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. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role as part of their induction into the agency. This training was refreshed yearly thereafter with all staff attending face-to-face training.

It was positive to note that an assessment was completed by each staff member after training events to evidence their understanding and competence; these assessments were signed by the attending staff member and training coordinator. A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. A review of the training matrix confirmed staff compliance with all mandatory training requirements.

The manager reported that a number of service users required the use of specialised equipment to assist them with moving and that this was included within the agency's mandatory training programme. It was positive to note that staff who spoke with the inspector advised that they felt that training was useful and that they were aware of the need to keep their mandatory training up to date.

All staff had been provided with training in relation to medicines management and were required to complete competency assessment prior to undertaking this task.

4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

A number of service users were assessed by the Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

4.6 Governance and Managerial Oversight

On examining a sample of monthly monitoring reports it was established that there was engagement with service users, relatives, staff and HSC Trust representatives. However, review of these reports highlighted the need for further improvement; the person in charge was advised that additional detail should be included within these reports so as to enable the manager to quality assure care delivery, identify deficits and identify actions to be progressed in the following month.

In addition, person/s completing monthly monitoring reports should use person centred language in keeping with Adult Safeguarding best practice and employ the use of unique identifier references to allow for traceability by the manager when reviewing and/or auditing this information.

The Inspector also highlighted that those completing monthly monitoring reports should specify their designation and ensure that identified actions within each report are being actively addressed in a time bound and meaningful manner. An area for improvement has been identified.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employer's liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose was reviewed and it was noted that additional and updated information was required; a required updating to include revised Statement of Purpose was submitted to RQIA immediately after the inspection and noted to be satisfactory.

There was a policy and procedure in place for staff who are unable to gain access to a service user's home.

5.0 Quality Improvement Plan/Areas for Improvement

One area for improvement was identified where action is required to ensure compliance with the regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Clare Nixon, Quality Assurance Officer, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 23 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that monthly quality monitoring reports are robustly and comprehensively completed in keeping with regulation. Ref: 4.6 **Response by registered person detailing the actions taken:** Monthly manager reports have been amended and will be completed in line with standards.

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