

Unannounced Care Inspection Report 22 March 2018



Lakeland Community Care

Type of Service: Day Care Setting
**Address: Teemore Business Complex, 191 Belturbet Road,
Derrylin, BT92 9BL**
Tel No: 02867748895
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities on Mondays and Thursdays for up to 38 adults with a range of needs including old age, learning disability and mental disorder.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Ltd/ Patrick McGurn Responsible Individual(s): Patrick McGurn	Registered Manager: Patrick McGurn
Person in charge at the time of inspection: Eileen McBarron, senior care assistant	Date manager registered: 16 April 2009
Categories of Care: Day Care Setting DCS LD(E) – Learning Disability – over 65 years I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65	Number of registered places: 38

4.0 Inspection summary

An unannounced inspection took place on 22 March 2018 from 11.30 to 16.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

One area requiring improvement under the standards was identified in respect of the fire risk assessment.

Service users said:

- “this is a great place to come to, I really enjoy it”
- “we get a four course meal brought in from a local restaurant every week. It is superb”
- “I love coming here and meeting people”

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Eileen McBarron, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 8 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 March 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with:

- one senior care assistant
- two care assistants
- ten service users

The following records were examined during the inspection:

- staff roster
- complaints and compliments records
- accident/untoward incident records
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- staff training information

- minutes of three staff meetings
- minutes of three service user meetings
- monthly monitoring reports

Questionnaires were given to the senior care assistant to distribute between service users and their representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. No service users or relatives returned questionnaires. No online feedback was provided by staff.

The findings of the inspection were provided to the senior care assistant at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 17.1 Stated: First time	The registered provider shall ensure that an annual quality report of the centre is developed in keeping with regulation 17 (1) Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: The annual quality report dated 31 March 2017 evidenced that a review of the quality of care and services provided had been undertaken and a report written in keeping with regulation 17 (1) Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 3.1 Stated: First time	The registered provider should undertake a review and revision of the service user agreement to ensure additional information is included as cited within standard 3.1 of The Day Care Settings Minimum Standards.	Met
	Action taken as confirmed during the inspection: The service user agreement had been reviewed and revised to include information cited within standard 3.1 of The Day Care Settings Minimum Standards.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 5, 12 19 March evidenced that the planned staffing levels were adhered to.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection provided evidence that service users' needs were met by the number of staff on duty.

The senior care assistant confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records were not reviewed as we were informed that no recruitment had taken place for the past 5 – 6 years and the staff employment records were held within head office at Lakeland Community Centre.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care.

Examples of training staff received in 2017 included adult safeguarding, infection prevention and control; fire safety; first aid; behaviour management and continence care.

The senior care assistant confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection and these were found to be satisfactory.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place. It was identified that the setting has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation has an identified Adult Safeguarding Champion (ASC).

The senior care assistant confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. -They gave a clear description of their needs and how those needs will be met. Most of the service users were independent and required minimal staff support to get involved in activities.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose.

Fire safety precautions were inspected, fire exits seen were unobstructed. The fire risk assessment available had been reviewed on 14 March 2018; however it did not contain any detail as to confirm that it related to this day care setting. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care and the day care setting environment.

Areas for improvement

One area for improvement was identified in respect of the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported they had taken part in a number of activities for example bingo, arts and crafts, exercises and board games. They stated they like to remain in the day centre for activities during the cold weather and go for outings on the bus in the summertime. They were happy that their choices and needs were being met. Service users confirmed that they knew staff in the setting; they could talk to staff or the registered manager if they were worried, or had a concern about their care and staff would help them resolve their concern.

Records were made available for inspection concerning audits of infection prevention and control, care records, accidents/incidents, complaints and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

The senior care assistant confirmed that staff and service user meetings were held quarterly. The minutes of the meetings were shared with service users who were unable to attend.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users and staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care and looked forward to coming, and staff were very kind and helpful. Overall the feedback revealed all service users spoken to felt involved and cared for by staff that knew them well and had been responsive to their needs.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in including arts and crafts, reminiscence/storytelling, music and movement. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings.

Service users' comments included the following:

- “this is a great place to come to, I really enjoy it”
- “we get a four course meal brought in from a local restaurant every week. It is superb”
- “I love coming here and meeting people”

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion, staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed staff had received recorded individual, formal supervision at least every three months.

No complaints had been recorded since the previous care inspection on 8 March 2017. Discussion with the senior care assistant confirmed that no complaints had been received.

The senior care assistant provided monthly audit records of infection prevention and control, care records, accidents/incidents and complaints. The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The staff were asked what their opinion was regarding leadership in the setting; they complimented the management team in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns the Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleague. In their experience the management team had worked well together to sort out any issues or concerns promptly and effectively.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen McBarron, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 28.1 Stated: First time To be completed by: Return of the Quality Improvement Plan	The registered person shall submit a copy of the most recent fire risk assessment for the day care centre. Ref: 6.4 Response by registered person detailing the actions taken: Fire Risk Assessment completed 2 nd May 2018 by A&B Fire Equipment. Report will be ready in 2 weeks. No issues raised.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)