



The Regulation and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN022828

Lakeland Community Care
RQIA ID: 10993
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**Unannounced Care Inspection
of
Lakeland Community Care**

12 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 12 June 2015 from 10.30 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Mrs Eileen McBarron, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Lakeland Community Care Ltd	Registered Manager: Patrick McGurn
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Eileen McBarron, Senior Care Assistant	Date Manager Registered: 16 April 2009
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 38

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of incidents

During the inspection the inspector met with five service users, three staff and one relative/carer of a service user. Staff's interactions with service users were observed during three separate periods of approximately twenty minutes each, in the course of the inspection.

The following records were examined during the inspection:

- Four files of service users' records, including assessments and care plans
- A Quality Survey of service users and their carers
- Two records of staff training
- Four records of staff supervision
- Two records of staff team meetings
- Three records of service users' meetings
- Complaints record, which noted three complaints since the previous inspection
- The record of incidents
- Three Monthly Monitoring Reports
- The policy on continence management

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 23 July 2014. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up/be addressed were:

- a. The content of monitoring reports
- b. Competence assessment of staff who take charge of the centre
- c. Ensuring all required policies are in place.

There was evidence to verify compliance with all three of these recommendations.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.10	To ensure that the organisation is being managed in accordance with minimum standards, the monitoring visit and report should be more qualitative based.	Met
	Action taken as confirmed during the inspection: Three recent monitoring reports were examined and were found to be in compliance with this recommendation.	
Recommendation 2 Ref: Standard 23.3	The registered manager should complete a competency assessment for the staff member(s) left in charge of the day care setting to ensure they have the appropriate skills, knowledge and training to undertake the delegated responsibilities in his absence.	Met
	Action taken as confirmed during the inspection: Records of the nominated staff member's competence assessment were available for inspection and were satisfactory.	
Recommendation 3 Ref: Standard 17.4	The registered manager should devise policies and procedures as detailed in: Appendix 1. Refers to policies relating to Consent. Management of records.	Met
	Action taken as confirmed during the inspection: The specified policies had been written and were available on file.	

5.3 Standard 5:

Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Lakeland Community Care has a written policy on care planning and this addresses the identification of the service user's needs and the procedures to be followed to ensure that these are met. A small number of the service users' care plans addressed issues of continence management and personal care assistance. In a sample of service users' records it was noted that specific assessment and care planning information was brief with regard to this area of need. A recommendation on this matter is included in the quality improvement plan section of this report.

In discussions, staff referred to several service users who benefited from a degree of support in the continence management aspect of their care. Facilities for service users were good and were found to be clean and well maintained. Instructions for effective hand hygiene were displayed in the handwashing areas. Staff confirmed in questionnaires that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. Service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the care service. This area of care was judged to be safe.

Is Care Effective?

A small number of the service users who attend the centre were identified as requiring support with personal care. These needs were identified in written assessments for the identified people, but both the assessment and the care planning information should be expanded to ensure there is clarity of needs, objectives and the necessary actions by staff. Service users, a carer and three staff members reported that personal care needs were met effectively within the centre. There had been provision of staff training in continence promotion.

Effectiveness of care in this area may be improved through the inclusion of greater detail in assessments and the development of more specific care plan objectives, in keeping with the feedback provided to the senior care assistant.

Is Care Compassionate?

Throughout the day of the inspection many of the staff and service user interactions were observed. Five service users held individual discussions with the inspector and were unanimous in their praise of the quality of care and support that staff provide. There was good evidence of compassionate care being delivered in the practice setting, including the attention to privacy and dignity of each person.

Areas for Improvement

Number of Requirements	0	Number Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Discussions during the inspection confirmed that service users felt safe and secure in the setting and this was supported unanimously in all five of the service user questionnaires that were completed and returned to RQIA. There was written and oral evidence to show that formal opportunities for service users to discuss a variety of matters with staff were being provided consistently. The provider's responses to a number of the improvements identified in previous inspections have been good and can be seen to contribute to the provision of safe care.

Is Care Effective

Service users spoke very highly of the staff and managers in the centre, typical comments being:

- "This place is just a lifeline for me and for others."
- "We enjoy the company, the chat and the activities."
- "The staff are very helpful and do everything for you"
- "Very happy with the care and support."

Records of reviews of service users' care indicated that service users, their representatives and the commissioners of the care service were satisfied with the care provided.

A number of the service users' files required more detailed assessment information and more focussed and achievable care planning objectives, all of which should enhance the provision of effective care. A recommendation in this regard has been made in the preceding section, 5.3.

Is Care Compassionate?

Throughout the day of the inspection many of the staff and service user interactions were observed and there was good evidence of caring and supportive relationships between them. Five service users held individual discussions with the inspector and provided good evidence of compassionate care being delivered within the day care setting. One relative praised the quality of care provided and emphasised the importance to him of the service, stating that he can rely on it to stimulate his family member and enable him to carry out a range of household tasks, shopping etc., which, he said, would otherwise be impossible.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Staff Supervision

Records of staff supervision were generally good, but focussed mainly on procedures and practice issues. It is recommended that an increased focus on staff's learning and development should be introduced and included in formal supervision.

5.5.2 Service Users' Views

Five completed questionnaires were returned by service users following the inspection, all of which provided entirely positive feedback on the quality of care and support provided, the feeling of being safe and secure in the setting, the degree to which service users were involved in decision making, and, their satisfaction with staffing levels and staffs' competence. Discussions with five service users and one person's family member confirmed a high level of satisfaction with the service.

5.5.3 Staff Members' Views

Three staff members provided their views on the service provided and on their overall satisfaction with 16 aspects of their work, as requested in the staff questionnaires administered at the inspection. All three staff indicated the highest possible level of satisfaction with every aspect of the service, with the exception of one staff member indicating a marginally lower level in response to the question on the amount of time staff have to listen to service users. Overall, both in discussions and in questionnaire responses, the views expressed were very positive.

Areas for Improvement.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Eileen McBarron, SCA, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Recommendations			
Recommendation 1 Ref: Standard 5.3 Stated: First time To be Completed by: 31 August 2015	A number of the service users' files required more clarity in assessment information and more focussed and achievable care planning objectives, as discussed in feedback to the Senior Care Assistant.		
	Response by Registered Person(s) Detailing the Actions Taken: The senior Care Assistant has updated the service users files so that the assessment information is clearer and more focused. The objectives of the careplan is therefore more achievable.		
Recommendation 2 Ref: Standard 22.6 Stated: First time To be Completed by: 31 August 2015	It is recommended that an increased focus on staff's learning and development should be included in formal supervision sessions.		
	Response by Registered Person(s) Detailing the Actions Taken: At future formal supervision sessions the supervisor will offer a topic to the supervisee to research or the supervisee will choose a topic which is of interest to them. This will be discussed at the next supervision session.		
Registered Manager Completing QIP	Pat McGurn	Date Completed	23/7 2015
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	D Knox	Date Approved	28/07/15

Please provide any additional comments or observations you may wish to make below:

*Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address**