

# Unannounced Care Inspection Report 8 March 2017



## Lakeland Community Care

**Day Care Service**

**Teemore Business Complex, 191 Belturbet Road, Derrylin, BT92 9BL**

**Tel no: 02867748895**

**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Lakeland Community Care took place on 8 March 2017 from 10.00 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There were examples of good practice from various sources found throughout the inspection in relation to positive feedback from service users and staff, records examined, staff training, staff supervision, competency and capability assessments, risk assessments, availability of associated policies/procedures and infection, prevention and control measures in place.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe. No issues or concerns were raised or indicated.

No requirements or recommendations were identified for improvement within this domain.

### **Is care effective?**

There were examples of good practice from various sources found throughout the inspection in relation to care records, care reviews, communication and multi-professional collaboration.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective. No issues or concerns were raised or indicated.

One recommendation was made in relation to review and revision of the service user agreement as reflected within standard 3.1 of The Day Care Settings Minimum Standards.

### **Is care compassionate?**

There were examples of good practice from various sources found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views and opinions.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

No requirements or recommendations were identified for improvement within this domain.

### **Is the service well led?**

There were examples of good practice from various sources found throughout the inspection in relation to systems and processes in place including the management of incidents, complaints, audits, quality improvements and maintaining good working relationships.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led. No issues or concerns were raised or indicated.

One requirement made related to the development of an annual quality report in keeping with regulation 17 (1) Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 15 June 2015.

### 2.0 Service details

<b>Registered organization /registered person:</b> Lakeland Community Care Ltd / Patrick McGurn	<b>Registered manager:</b> Patrick McGurn
<b>Person in charge of the service at the time of inspection:</b> Eileen McBarron, senior care assistant	<b>Date manager registered:</b> Patrick McGurn - 16/04/2009

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care report and QIP
- Notifications
- Correspondence

During the inspection the inspector met with all service users, one senior care staff and two care assistants.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability Insurance
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incidents
- Fire risk assessment

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (5), staff (5) and relatives (5). Fourteen questionnaires were completed and returned to RQIA within the timescale. With the exception of one respondent who made comment within the well led domain that they did not receive a copy of the service user guide the remaining respondents were positive in regard to their satisfaction with the domains of safe, effective, compassionate and well led service.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 15 June 2015.

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.3 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three care records were reviewed. Assessments were noted to be comprehensive with care plans reflecting actual and potential needs, objectives and interventions.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 22.6 <b>Stated:</b> First time	It is recommended that an increased focus on staff's learning and development should be included in formal supervision sessions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The senior care assistant in charge confirmed that the approach to supervision was changed with a more focused approach on training and professional development to meet the needs of the staff member.	

#### 4.2 Is care safe?

Discussion with the senior care assistant confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. Eleven service users were in attendance on the day of inspection.

Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Staff working in the centre each day was recorded within the duty roster.

The senior care assistant explained that staff employment records were held within head office at Lakeland Community Centre. The senior care assistant confirmed that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. This was also confirmed in writing from an officer in the human resource department during the inspection. The recruitment aspect of procedures in recruitment and selection was confirmed by staff members who met with the inspector.

The senior care assistant in charge explained that all staff were registered with the Northern Ireland Social Care Council (NISCC). Certificates of registration were available.

Induction records reviewed contained a comprehensive account of the standard/indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity.

Mandatory staff training was discussed with the senior care assistant and staff. A staff training analysis for 2017 was undertaken with a training schedule developed. Mandatory training provided was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including dementia awareness.

The senior care assistant confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with WHSCT recently revised policy/procedure. Staff training in the safeguarding was provided on a two yearly basis. The senior care assistant explained that staff update training in adult safeguarding and the new Department of Health (DOH) regional policy titled "Prevention, Protection in Partnership" (April

2015) was planned to take place within the near future. The named safeguarding “champion” has been identified.

The senior care assistant and staff confirmed that no restrictive practice takes place in the centre. Policies and procedures on restrictive practice were available to all staff. Staff training in this regard had been provided.

Accidents and incidents were recorded and appropriately managed. Since the previous care inspection no notifications to RQIA has been necessary. The senior care assistant demonstrated awareness of the procedure to follow should incidents/accidents/notifiable events require to be submitted to RQIA and other relevant organisations in accordance with legislation and procedures.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; “seven step” hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and aprons; provision of staff training in infection, prevention and control, and availability of policies/procedures on infection prevention and control.

The centre was awarded a food hygiene rating of 5 by environmental health.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. Substances Hazardous to Health were securely stored. All fire doors were closed and exits unobstructed. The centre’s fire risk assessment dated 18 July 2016 was available. No recommendations were made. Weekly and monthly fire safety equipment checks were recorded. Records showed that fire safety awareness training and fire drill took place on 20 May 2016.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users’ care.

Service users who met with the inspector indicated that attending the centre meant a lot to them and explained how the support provided by staff was excellent and they were always consulted about their likes and dislikes. One service user explained how she “really looked forward to being treated to the lovely freshly baked scones and tea on arrival each day, availability of daily newspapers, lovely dinners and friendly staff, couldn’t think how things could be any better”. Another service user stated “the staff were excellent, very attentive and always smiling”. No issues or concerns were raised or indicated.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was safe.

### **Areas for improvement**

No areas for improvement were identified within this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

Three service users care records were provided by the senior care assistant for review. These were found to be in keeping with legislation and minimum care standards. Comprehensive health and social care needs assessments were complemented with risk assessments. Person centred care plans were developed with actual and potential needs identified and care planned accordingly. Regular records of the health and wellbeing of the service user were recorded. Records of review reports in place included participation of the service user and where appropriate their representative. There was also recorded evidence of multi-professional collaboration in planned care.

The provision of individual service user agreements was discussed with the senior care assistant. One recommendation was made regard to review and revision of the service user agreement to ensure full information is reflected as cited within standard 3.1 of the minimum day care standards.

The senior care assistant explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the "open door" arrangements operated by the manager and senior care assistant.

Competency and capability assessment of staff in charge when the manager is not in the centre was discussed with the senior care assistant who explained that these had been completed and were retained within head office.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required. No issues or concerns were raised or indicated.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was effective.

#### Areas for improvement

One recommendation identified for improvement within this domain related to review and revision of the service user agreement.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care compassionate?

The senior care assistant confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings which were reviewed.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care. For example, confidentiality, core value of rights and consent.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within the activity schedule, care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was compassionate.

#### Areas for improvement

No areas for improvement were identified within this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is the service well led?

Eileen McBarron, the senior care assistant was in charge of the centre on the day of inspection. Patrick McGurn the registered provider/manager was on leave. Mr McGurn is also registered manager for four other centres within Co Fermanagh. The senior care assistant explained that she has twelve years' experience working in day care and felt she was very well supported in her role by the registered manager and deputy manager who visit the centre on a regular basis.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre. This was reflected within the statement of purpose.

The centre's RQIA registration certificate was displayed in a prominent position.

The centre's liability insurance dated 26 November 2016 was displayed.

The senior care assistant confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The senior care assistant confirmed that staffing levels were satisfactory in meeting the needs of service users in attendance each day.

There was a range of policies and procedures to guide and inform staff. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

The senior care assistant explained the range of audits conducted during 2016 which included: fire safety, and care records including assessment, care planning and reviews. Where necessary improvements identified were implemented into practice. A service user satisfaction survey was conducted during 2016. Analysis of the findings was undertaken and a report developed. Responses received were noted to be positive. One requirement made related to the development of an annual quality report in keeping with regulation 17 (1) Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.

The centre had a corporate policy and procedure on complaints. The senior care assistant and staff demonstrated awareness of the procedure to follow should a complaint be received. Service users knew how to complain if they were not satisfied with the service provided. Information on how to complain was reflected within the statement of purpose and service user guide. Two complaints received since the previous inspection had been recorded, investigated appropriately managed and resolved.

Several thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received.

The senior care assistant and staff confirmed that annual appraisal and staff supervision was provided with records retained.

Three monthly staff meetings were held with minutes recorded including the names of staff in attendance and discussions held.

Staff confirmed that there was very good working relationships within the team and that the senior care assistant was responsive to suggestions/comments raised during staff meetings.

Monthly monitoring report visits were available and reviewed. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The senior care assistant confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the service was well led.

### **Areas for improvement**

One requirement identified for improvement within this domain related to the development of an annual quality report.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick McGurn, registered person/manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>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.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> We have updated our annual quality report in keeping with regulation 17 (1) Schedule 3 Day Care Setting Regulations NI 2007</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>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.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Service users agreement amended to include criteria against Standard 3.1 of the Day Care Settings Minimum Standards</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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