

Unannounced Care Inspection Report 31 May 2016



Lakeland Community Care

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Inspector: Angela Graham**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lakeland Community Care, Garrison took place on 31 May 2016 from 11.20 to 16.05 hours.

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

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. There was very positive feedback from all service users, spoken with, about the delivery of safe care in the day centre. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

Is care effective?

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users. Recommendations have been made in regard to service user's assessments and care plans. A recommendation has also been made that staff meetings take place on a regular basis and at least quarterly.

Is care compassionate?

On the day of the inspection Lakeland Community Care, Garrison was found to be delivering compassionate care. Discussions with service users provided evidence they were listened to, valued and were treated with dignity and respect by care staff. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. A recommendation has been made in regard to the development of a volunteer policy and procedure and the recording of complaints. A recommendation has been stated for the second time in regard to the management of records policy.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the QIP within this report were discussed with Mr Patrick McGurn, Registered Manager and Mrs Carol Connor, Senior Day Care Worker (Acting), 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

The most recent inspection of the day care setting was an announced care inspection dated 22 July 2014. The completed QIP was returned and approved by the care inspector.

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

This inspection did not result in any enforcement action.

2.0 Service details

Registered organisation / registered person: Lakeland Community Care Ltd	Registered manager: Mr Patrick McGurn
Person in charge of the day care setting at the time of inspection: Mrs Carol Connor, Senior Day Care Worker (Acting) from 11.20 – 14.30 hours Mr Patrick McGurn, Registered Manager from 14.30 – 16.05 hours	Date manager registered: 28 October 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report
- The returned quality improvement plan (QIP) from the previous care inspection

Specific methods / processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with two care staff
- Discussion with 10 service users
- Examination of records
- File audits
- Evaluation and feedback.

The senior day care worker (acting) was provided with five questionnaires to distribute to randomly selected service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. Five service users, two service users' representatives and three staff questionnaires were

returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident / untoward incident record (none recorded since the previous care inspection)
- Staff duty rota
- Staff supervision and appraisal records
- Elements of two service users' care files
- Sample of policies and procedures
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Two monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 22 July 2014

The most recent inspection of Lakeland Community Care, Garrison was an announced care inspection undertaken on 22 July 2014. The completed QIP is detailed below.

4.2 Review of recommendations from the last care inspection dated 22 July 2014

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.10 Stated: First time	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: Review of two monthly monitoring reports confirmed that this recommendation had been addressed. Monthly monitoring reports sampled were qualitative in content.	

<p>Recommendation 2</p> <p>Ref: Standards 13.10 and 21.8</p> <p>Stated: First time</p>	<p>It is recommended that training records should include:</p> <ul style="list-style-type: none"> • a certificate of the respective training • date training session/s carried out • length of the training session • contents of training session • staff signatures • name and qualifications of the facilitator. <hr/> <p>Action taken as confirmed during the inspection: Review of two staff files confirmed that this recommendation had been fully addressed.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed that the identified staff member had completed a competency and capability assessment on 10 March 2015.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p>	<p>The registered manager should devise policies and procedures as detailed in Appendix 1. Refers to policies relating to: Absence of manager Consent Management of records.</p> <hr/> <p>Action taken as confirmed during the inspection: Policies and procedures had been reviewed following the previous care inspection in relation to the absence of the manager and consent. The registered manager confirmed that these policies and procedures were reflective of current best practice guidelines. The policy and procedure for management of records required to be further developed to include access to records, storage, retention and disposal of records.</p> <p>This recommendation has been partially met and has been stated for a second time in relation to the review of the policy and procedure for the management of records.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 25.2 Stated: Second time	Ensure there is an audit of room temperatures carried out on a regular basis. The temperature in areas occupied by service users for sedentary activities is between 19 and 22 degrees Celsius.	
	Action taken as confirmed during the inspection: The senior day care worker (acting) confirmed daily room temperatures were maintained. The inspector reviewed a random sample of daily temperature recordings.	Met
Recommendation 6 Ref: Standard 25.3 Stated: First time	The registered manager must ensure that furniture, fittings and any equipment in areas accessed by service users are positioned to take into account the mobility and overall needs of the service users including those with sensory impairments. Refers to room used for podiatry sessions.	
	Action taken as confirmed during the inspection: The senior day care worker (acting) confirmed that this recommendation had been addressed. The inspector undertook a tour of the day centre. Furniture, fittings and equipment were stored appropriately.	Met

4.3 Is care safe?

The registered manager 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 rota for week commencing 03 May until 31 May 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty. Care staff responded to service users' requests in a timely manner.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of two staff files confirmed that supervisions were completed for staff on a quarterly basis and staff appraisals were completed annually. Discussion with staff and review of completed staff questionnaires confirmed that staff had received supervision and appraisal accordingly.

Review of a sample of staff training records evidenced staff had attended mandatory training. Discussion with the registered manager and care staff confirmed staff had been provided with mandatory training.

Discussion with one care staff member confirmed that induction was provided at the commencement of employment.

Review of elements of two service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Discussion with staff confirmed that they had attended safeguarding vulnerable adults training in October 2015. Review of staff training records evidenced that safeguarding vulnerable adults training was undertaken on 12 October 2015.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager and two staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with 10 service users also concluded their needs are being met in the day service.

The review of elements of two service user care files identified there was incomplete assessment information in place. A discussion took place with the registered manager and senior day care worker (acting) about Minimum Standard 2.4 and Standard 4 concerning assessments. A current person-centred assessment of need must be in place which should include, as appropriate, information on the service user's physical health; mental health; awareness and decision making skills; emotional well-being; capacity for the activities of daily living and self-care; if there are any dietary needs; mobility; communication and sensory functioning abilities; lifestyle including their current living arrangements; social needs including where relevant any cultural or spiritual needs.

The two needs assessments reviewed had not been signed by the registered manager. This does not comply with Minimum Standard 4.3 and is an identified area for improvement. The inspector acknowledges that the needs assessment were signed and dated by the service user and the member of staff responsible for drawing them up. A recommendation is made to address these issues.

The review of elements of two service user care files also identified one of the care plans had not been signed by the registered manager. This does not comply with Minimum Standard 5.3 and is an identified area for improvement. It is recommended that the care plan is signed by the registered manager. The inspector acknowledges that the care plans were signed and dated by the service user and the member of staff responsible for drawing them up.

On the day of inspection service users' care files were stored securely in a locked filing cabinet in order to maintain confidentiality.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis in 2015. The last staff meeting was held on 13 November 2015. However staff meetings had not been undertaken in 2016. A recommendation is made that staff meetings be held at least quarterly.

Staff stated that there was effective teamwork. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager if required.

Discussion with the registered manager and review of records evidenced that service user meetings were held generally on a monthly basis. The last meeting was held on 27 May 2016 and minutes were available.

Service users spoken with and responses received from questionnaires issued expressed their confidence in raising concerns with the day centre's staff / management.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Areas for improvement

Recommendations have been made in regard to service user's assessments and care plans. A recommendation has been made that staff meetings be held at least quarterly.

Number of requirements:	0	Number of recommendations:	3
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4.5 Is care compassionate?

Discussions with service users confirmed they were treated with compassion, kindness and respect. Service users stated that management and staff listen to them, offer them choices and involve them in decision making during their time in the day centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. The lunchtime service for the service users was observed and staff were offering a choice of meal and drinks.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users, were sought and taken into account in all matters affecting them. The comments within the questionnaires returned to RQIA evidenced that compassionate care was delivered within the day care setting.

The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports.

Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Lakeland Community Care, Garrison. The findings from the annual survey had been collated into an evaluation / summary report.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "This is a great place to come. Staff are lovely."
- "I come to the centre twice a week. I look forward to coming as I am well looked after here."
- "The food is always hot and tasty. I am offered a choice of two meals."
- "Staff always treat me well. They are very kind and respectful."
- "I enjoy the knitting and bingo."
- "We have meetings with the staff and talk about the activities we would like to do and where we would like to go on trips."
- "If I had any problems I would have no concerns raising them with the manager or staff."
- "We get the daily and local papers to read when we are here."
- "You could not improve the care or service here. First class place."

Review of five completed service user, two service users' representatives and three staff RQIA questionnaires asking for opinions on how safe, effective and compassionate the care is and how well led the service is; concluded all of the responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed a range of policies and procedures were in place to guide and inform staff. Staff confirmed that they had access to the home's policies and procedures.

The inspector reviewed the management of records policy and procedure. This policy was reviewed on 02 January 2016. The policy needs to be further developed to include details in regard to access to records, the storage, retention and disposal of records. A recommendation made in the report of the previous care inspection in this regard has not been fully addressed and is stated for the second time in this report.

The registered manager confirmed that a policy in regard to volunteers was not available. A recommendation is made that a policy be developed in line with Standard 24 of The Day Care Settings Minimum Standards (2012).

The inspector reviewed the complaints record. Two complaints were recorded since the previous care inspection. The complaints record requires to be further developed to include the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome. A recommendation is made to address this issue.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff / management would manage any concern raised by them appropriately.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. The day centre's certificate of public liability insurance was also displayed appropriately.

The completed RQIA staff questionnaires reflected staff were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

A recommendation has been made in regard to the development of a volunteer policy. A recommendation has also been made in regard to the recording of complaints. A recommendation has been stated for the second time in regard to the management of records policy.

Number of requirements:	0	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick McGurn, Registered Manager and Mrs Carol Connor, Senior Day Care Worker (Acting) 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 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.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered manager should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> • information on the service user’s physical health; • mental health; • awareness and decision making skills; • emotional well-being; • capacity for the activities of daily living and self care; • if there are any dietary needs; • mobility; • communication and sensory functioning abilities; • lifestyle including their current living arrangements; • social needs including where relevant any cultural or spiritual needs. <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Response by registered person detailing the actions taken: The current assessments include all of the above and we have added lifestyle and current living arrangements as an additional from care plan. Assessments are dated signed by service user, staff member and registered manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered manager should ensure service users’ care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Response by registered person detailing the actions taken: Careplans are dated and signed by service user, staff member and registered manager.</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Response by registered person detailing the actions taken: Staff meetings are held every 3 months and recorded by Senior Carer. However these meetings are ongoing on a daily basis between the staff in the centre.</p>

Recommendations	
Recommendation 4 Ref: Standard 14.10 Stated: First time To be completed by: 31 July 2016	The registered manager should ensure that the record of complaint includes the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome.
	Response by registered person detailing the actions taken: All complaints are dealt with as above and findings recorded as per our complaints policy and procedure. This complaint was outside the remit of our service and was dealt with by the Trust personnel carrying out the consultation.
Recommendation 5 Ref: Standard 24.1 Stated: First time To be completed by: 31 August 2016	The registered manager should develop a written policy and procedure on the recruitment and involvement of volunteers in the centre, in keeping with Standard 24 of The Day Care Settings Minimum Standards, January 2012.
	Response by registered person detailing the actions taken: A Volunteer policy is now in place detailing the recruitment, roles and responsibilities of volunteers in the day centre. A record will be kept of volunteers deployed the length of time and the range of work undertaken. Recruitment of volunteers is now covered by Staff/Volunteers Recruitment policy.
Recommendation 6 Ref: Standard 18.1 Stated: Second time To be completed by: 31 August 2016	The registered manager should ensure the management of records policy and procedure is further developed to include details in regard to access to records, the storage, retention and disposal of records.
	Response by registered person detailing the actions taken: The policy in regard to access to records, storage, retention and disposal is covered under our Data Protection policy.

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



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