



The Regulation and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency: Lydian Care Ltd
Nursing Agency ID No: 10697
Inspection No: IN020915
Date of Inspection: 18 December 2014
Inspector's Name: Michele Kelly

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

General Information

Name of agency:	Lydian Care Ltd
Address:	53 Church Place Lurgan BT66 6HD
Telephone number:	(028) 4372 5385
Email address:	aspear@lydiancare.com
Registered organisation/ Registered provider:	Mr Pierre Gerard Burns Lydian Care Ltd
Registered manager:	Ms Fiona Theresa Kane Registered Manager
Person in Charge of the agency at the time of inspection:	Ms Fiona Kane
Categories of care:	
Number of registered nurses, health visitors and midwives on the agency's books:	Four
Date and type of previous inspection:	12 March 2014 Primary Announced Inspection
Date and time of inspection:	18 December 2014 10. 45am-1.45pm
Name of inspector:	Michele Kelly

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Summary of Inspection

This is the annual unannounced inspection report for Lydian Care Ltd which was undertaken on 18 December 2014 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 10.45am and finishing at 1.45pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

The Registered Manager, Ms Fiona Kane was in attendance throughout the inspection and Mr Pierre Burns registered provider attended at the end of the inspection.

The previous inspection occurred on 12 March 2014 and resulted in two requirements and five recommendations. Review of these seven matters showed compliance.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008). To validate compliance levels for two of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Four personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations.

Two recommendations are made to ensure service improvement and details are discussed in main body of this report and in the quality improvement plan.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to extend her gratitude to Ms Fiona Kane for her hospitality and contribution to the inspection process.

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records. In the staff handbook there is information on recording and reporting which is used as part of the induction process. It is recommended that this information is enhanced to reflect principles of recording and reporting within NMC guidelines. It is also recommended that the staff handbook is signed by the nurses employed by the agency to verify that they have completed induction and read and understood policies and procedures.

The agency was judged to be 'compliant' with this standard.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 and Schedule 1	<p>The registered person is required to amend their statement of purpose to include all elements within Schedule 1.</p> <p>Refers to status, constitution and organisational structure, which identify lines of accountability, specific roles and responsibilities for areas of activity.</p>	The statement of purpose was reviewed and now includes all elements within Schedule 1.	Compliant
2	Regulation 14 (2) (a)	The registered person is required to ensure that each employee of the agency receives appropriate supervision and appraisal.	Each employee is scheduled for or has received appropriate supervision and appraisal. New comprehensive documentation has been devised to enhance the process.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 2.1	The registered person is recommended to revise the "Management Control and Monitoring Policy" to ensure that it fully directs the quality of services provided by the Nursing agency.	This policy has been revised to ensure systems are in place to direct the quality of services.	Compliant
2	Standard 6.1, 6.5	The registered person is recommended to review the induction programme to ensure the content and delivery methods are appropriate and adequate and meet the needs of registered nurses.	The induction programme has been reviewed and is tailored to meet individual needs.	Compliant
3	Standard 1.2	The registered person is recommended to revise the monthly quality monitoring procedures and templates to include various methods used by the agency to seek comments/views from people who use the service.	The templates used for monthly monitoring reflects comments from service users.	Compliant
4	Standard 6.7	The registered person is recommended to review the training and development plan to ensure it reflects the needs of individual agency staff and the aims and objectives of the nursing agency.	The training and development plan meets individual needs and reflects commitments to mandatory training.	Compliant
5	Standard 7.3	The registered person should revise the template for recording supervision sessions with the nurses the agency supplies to ensure it meets requirements of all parties.	The template has been revised and meets the requirements of all parties involved.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
Policies and procedures are in place and are maintained for the management and monitoring of the nursing agency and supply of nurses, in accordance with statutory requirements.	Compliant
Inspection Findings:	
There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and provider in December 2014 and were dated and signed.	Compliant

Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment:	
Lydian Care are always open to feedback and input from staff, patients and managers from other care settings, in which we place our staff. We regularly seek feedback from our Clients, both verbally on Client visits and documented in our feedback questionnaires. This information is collated and helps inform the review and development of policy and practice.	Compliant
Inspection Findings:	
The quality of services is monitored by the registered person and the registered manager on an ongoing basis through evaluations completed by clients and agency nurses. These are recorded monthly in a monitoring report. The registered manager also makes regular weekly and sometimes daily contacts with clients regarding the quality of service provided by the agency. Information obtained from formal and informal contacts is used to ensure service improvement and may influence the development of policy and procedures. The registered manager discussed how survey monkey had been used to illicit staff views on a range of issues. She said the views reflected mainly positive experiences regarding working for the agency and will be included in the annual report.	Compliant
Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment:	
All of Lydian Care's Policies and Procedures are reviewed regularly. They are centrally indexed and compiled within a policy and procedure manual held within the Nursing Agency.	Compliant
Inspection Findings:	
On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant

Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment:	
Lydian Care ensures that all of it's policies and procedures are dated, when being issued, reviewed or revised.	Compliant
Inspection Findings:	
All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment:	
Lydian Care ensures that all of its policies and procedures are maintained and subject to a review on an annual basis. Lydian Care ensures that the registered person ratifies any revision of new policies and procedures, with input from the registered manager.	Compliant
Inspection Findings:	
The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	Compliance Level
Provider's Self Assessment:	
Lydian Care do not supply agency nurses to provide nursing care to private patients within their own homes, at this time.	Not applicable
Inspection Findings:	
There are no nurses being supplied at present to provide nursing care to private patients in their own homes.	Not applicable
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment:	
Lydian Care's policy and written procedures for the management of records detail fully the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records in accordance with legislation.	Compliant
Inspection Findings:	
The Management of Records policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<p>Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment:</p>	
<p>Lydian Care ensures that all records required under 'The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available within the nursing agency for inspection at all times.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of inspection all records requested were made available to the inspector. The agency is piloting computerised system which records information as required by Schedule 4 and will be programmed to provide alerts for indemnity insurance, NMC status and training needs.</p>	<p>Compliant</p>
<p>Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment:</p>	
<p>Lydian Care ensures that all information held on record within the nursing agency is accurate, up to date and necessary in accordance with legislative requirements</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Records inspected were current, necessary and confirmed by the manager as accurate.</p>	<p>Compliant</p>

Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment: Lydian Care ensures as part of its policies, at interview and as part of induction that all Nursing Staff are aware of maintaining Nursing care records in accordance with NMC guidelines.	Compliant
Inspection Findings: In the staff handbook there is information on recording and reporting which is used as part of the induction process. It is recommended that this information is enhanced to reflect principles of recording and reporting within NMC guidelines. It is also recommended that the staff handbook is signed by the nurses employed by the agency to verify that they have completed induction and read and understood policies and procedures.	Substantially compliant
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment: Lydian Care agency staff are trained upon commencement of employment and made aware of Lydian Care's clear documented policy within the policy and procedure file; relating to the creation, use, management and appropriate disposal of records in line with good practice and legislative requirements.	Compliant
Inspection Findings: The information within the self-assessment was verified by the registered manager on the day of inspection.	Compliant

Criterion Assessed: 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	Compliance Level
Provider's Self Assessment: Lydian Care ensure that all Client and Staff records are held securely within the Nursing Agency for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislative requirements.	Compliant
Inspection Findings: The Management of Records policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Fiona Kane, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Michele Kelly
Regulation and Quality Improvement Authority,
9th Floor Riverside Tower,
5 Lanyon Place,
Belfast
BT1 3BT



Quality Improvement Plan

Nursing Agency Inspection

Lydian Care Ltd

18 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Fiona Kane during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	3.5	It is recommended that the registered provider ensures information in the staff handbook is enhanced to reflect the principles of recording and reporting within NMC guidelines.	Once	Following feedback and recommendations given on the day of the inspection, the Staff Handbook has been enhanced accordingly to reflect further the NMC guidelines relating to the principles of recording and reporting.	Within two months of the date of inspection 8 February 2015
2	6.1	It is recommended that the registered provider ensures nurses verify their completion of induction and their reading and understanding of policies and procedures by signing the staff handbook.	Once	Following feedback and recommendations given by the inspector, the registered provider will ensure that all Nurses verify the completion of their induction and comprehension of all policies and procedures through signing the staff handbook.	Within two months of the date of inspection 8 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Fiona Kane		
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pierre Burns		
QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Michele Kelly	3/3/15
Further information requested from provider			