

# Unannounced Care Inspection Report 21 July 2016



## Lydian Care Ltd

**Type of Service: Nursing Agency**  
**Address: 33 Main Street, Newcastle BT33 0AD**  
**Tel No: 02843725385**  
**Inspector: Joanne Faulkner**

## 1.0 Summary

An unannounced inspection of Lydian Care Ltd took place on 21 July 2016 from 10.30 to 14.30.

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

### **Is care safe?**

Delivery of safe care was evident on inspection. There was evidence that the agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk. It was noted that the agency is responsive to the requirements of service users. No areas for improvement were identified during the inspection.

### **Is care effective?**

Delivery of effective care was evident on inspection. The agency has in place robust systems for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There are systems in place to promote effective communication with service users and relevant stakeholders. In addition it was evident that the agency seeks to maintain effective working relationships with service users. The agency responds effectively to meet the specific needs of service users which has resulted in positive outcomes. No areas for improvement were identified during the inspection.

### **Is care compassionate?**

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from observation and discussion with staff, service users that the agency seeks to obtain and value the views of service users. The agency has systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

## Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and service users and operate the agency in accordance with the Regulations and Minimum Standards. Evidence of effective working partnerships with service users was evident during the inspection. Service users provided positive feedback of their confidence in the manner in which issues and concerns are addressed. No areas for improvement were identified during the inspection.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008.

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Fiona Kane, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

|  |   |
|--|---|
| <b>Registered organization/registered provider:</b><br>Lydian Care Ltd/Pierre Gerard Burns | <b>Registered manager:</b><br>Fiona Theresa Kane  |
| <b>Person in charge of the agency at the time of inspection:</b><br>Fiona Theresa Kane     | <b>Date manager registered:</b><br>9 October 2014 |

### 3.0 Methods/processes

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

- Discussion with the registered manager, a booking consultant and training personnel
- Examination of records
- Consultation with service users
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Matching Nursing Skills to Placement Policy
- Orientation and Induction of new staff Policy
- Nursing Induction, Training and Development Policy
- Recruitment Policy
- Supply, Placement and Records of staff Policy
- Confirmation of NMC status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Communication arrangements Policy
- Management of Accidents and Adverse Incidents Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the responsible person, registered manager, a booking consultant and one of the agency's training consultants.

During the inspection the inspector requested that a questionnaire was distributed for completion by the staff member; no questionnaires have been returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

## 4.0 The inspection

Lydian Care Ltd is a nursing agency operating from premises on Main Street, Newcastle. The agency currently supplies one registered nurse to a number of nursing homes.

The inspector would like to thank the responsible person, registered manager and agency staff for their support and co-operation throughout the inspection process.

### 4.1 Review of requirements and recommendations from the last care inspection dated 7 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

## 4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The inspector viewed a pre-employment checklist which records the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been completed.

The manager could describe the process for matching nursing skills to placement which includes completion of a skills profile during the interview process to identify skills and experience of staff. The agency's induction, training and development policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction period and provided evidence of a comprehensive induction programme.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. It was noted by the inspector that the policy did not outline the timescales for the completion of supervision; following the inspection the inspector was provided with an updated version which was noted to detail timescales. The inspector viewed records of staff supervision and appraisal maintained by the agency.

The inspector examined the agency's provision for the welfare, care and protection of service users. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency has recently reviewed and updated their policy and procedures to reflect information contained within the guidance. It was noted that the registered manager has been identified as the 'safeguarding champion' for the agency.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has made no referrals in relation to allegations of abuse since the previous inspection. Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Discussions with the registered manager, training personnel and records viewed indicated that staff are provided with safeguarding vulnerable adults training during their initial induction and that they are required to complete an annual update. The manager could describe the mechanisms that are currently being implemented to support staff in achieving the requirements for revalidation and registration with the NMC; which will include access to an electronic programme being provided to staff.

The manager stated that staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction and are required to record that they have read and understood the content.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The manager could describe the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency has a process for checking the NMC register monthly for the staff nurse employed; records maintained were viewed by the inspector. Discussion with the manager indicated that the staff member has been provided with specialist training to meet the needs of the service users such as end of life and dementia care.

Service users stated that they are requested by the agency to complete feedback reports in relation to staff provided.

The agency's registered premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

No staff questionnaires were returned to the inspector.

### **Service user comments**

'The nurse provided to us is excellent'.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's management of records policy outlines the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

It was identified from discussions with staff and records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents, safeguarding referrals and in addition audits of staffing issues and documentation. Records of audits viewed included the views of service users.

It was noted that service users are requested to complete an annual satisfaction survey electronically; the agency maintains a record of compliments and complaints.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Observation of administration staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to administration staff or the manager at any time and made positive comments about their working relationships with agency staff.

Discussions with the registered manager and booking consultant indicated that the agency seeks to maintain effective working relationships service users. The registered manager could describe examples of liaison with stakeholders in relation to achieving better outcomes for service users.

The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided.

The registered manager could describe the process that would be adhered to for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be provided to work.

No staff questionnaires were returned to the inspector.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 4.4 Is care compassionate?

Agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure; it was noted that all staff can access relevant policies and procedures electronically and that staff are required to indicate that they have read and understood relevant policies.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; it was noted that staff must achieve a required level before being deemed competent.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback. It was noted from records viewed that this process involves issuing a feedback report for the staff member provided.

The inspector noted that the agency includes feedback received from service users in the agency's monthly quality monitoring report.

The agency has an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspector. The registered manager and training personnel could describe their role in identifying and highlighting gaps on a monthly basis. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

Discussions with agency staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

The registered manager stated that staff nurses were provided with the relevant training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training.

It was noted that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The manager described the on call system that staff can access out of hours for support and guidance.

The agency has in place an 'Appraisal Policy'; it was noted that staff are required to participate in an annual appraisal. The registered manager stated that staff are encouraged to liaise with the manager in relation to training needs.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; relevant reference is made as to the role of RQIA in relation to whistleblowing.

The inspector noted that the agency has in place a system for obtaining the views and opinions of service users. Documentation viewed included the feedback received from service users.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and annual service user satisfaction surveys. The registered manager described the processes for receiving feedback from service users following the provision of staff. The inspector viewed documentation which recorded feedback received and an action plan which had been developed in response to the issues identified.

No staff questionnaires were returned to the inspector.

#### **Service user comments:**

'The staff nurse is brilliant; we have no concerns'.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

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

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a range of policies and procedures which were noted to have been reviewed annually and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency's office.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, monitoring of training, audit of registration status with the NMC, monthly audit of complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had knowledge of the agency's complaints procedure.

It was identified that the agency has in place management and governance systems to drive quality improvement. There are arrangements in place for managing and monitoring of incidents and complaints. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas improving the quality of the service, and of providing better outcomes for service users. Records viewed provided evidence of staff training, supervision and appraisal.

The registered manager stated that staff are required to complete training during their induction and an annual update. It was noted by the inspector that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspector viewed that agency's electronic system in place for recording training completed by staff; it was noted that the system highlights when training updates are required. Records viewed indicated that staff have received the necessary mandatory training and in addition training specific to the needs of service users. The training administrator could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Staff are required to complete a training assessment following all training provided and a required level obtained.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are required to complete an 'Introduction to Lydian Care' module electronically. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job.

The agency retains a written record signed by staff to indicate that they have read and understood the agency's policies and procedures and information provided to them during their induction programme.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the registered manager and service users indicated that there are effective collaborative working relationships. Service users could describe the process for contacting the agency's staff in relation to issues or concerns.

The agency has a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a range of positive comments in relation to the service provided.

No staff questionnaires were returned to the inspector.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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