

Unannounced Care Inspection Report 11 February 2019



Lydian Care Ltd

Domiciliary Care Agency
33 Main Street, Newcastle, BT33 0AD
Tel No: 02843725385
Inspector: Joanne Faulkner
User Consultation Officer (UCO): Clair McConnell

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Lydian Care Ltd is a domiciliary care agency located in Newcastle. The agency provides domiciliary care and support to service users in their own homes. The agency currently supplies staff to service users who have care commissioned by the South Eastern, Belfast and Southern Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: Lydian Care Ltd	Registered Manager: Fiona Theresa Kane
Responsible Individual: Pierre Gerard Burns	
Person in charge at the time of inspection: Fiona Theresa Kane	Date manager registered: 24/08/2015

4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 10.00 to 14.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication and engagement with service users, relatives and other relevant stakeholders
- Staff induction, training and supervision
- Governance and Quality monitoring systems
- Provision of care in a person centred manner

This was supported through review of records at inspection and from feedback received from service users and relatives.

No areas for improvement were identified during the inspection.

The comments of staff, service users and their relatives have been included in the relevant report sections.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered person and the 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.

4.2 Action/enforcement taken following the most recent care inspection dated 27 April 2017

No further actions were required to be taken following the most recent inspection on 27 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered person, the manager, the Human Resources (HR) manager, administrative staff and two area managers
- examination of records
- consultation with service users' and relatives
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide
- Adult Safeguarding Champion Position Report

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

As part of the inspection the UCO spoke with five service users and three relatives, by telephone, on 7 February 2019 to obtain their views of the service. The service users receive assistance with personal care from the agency.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 April 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 April 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency. It was identified that the agency's recruitment process is managed by the organisation's Human Resources (HR) department.

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment.

The manager and HR personnel stated that staff are not provided for work until all required checks have been satisfactorily completed. The inspector viewed the recruitment records for two staff and noted that they provided evidence that the required pre-employment checks had been completed and that the agency's process was robust.

It was identified that the agency has a system for ensuring that a statement verified by the manager indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place. Staff are required to sign that they have received and understood the information provided in the agency's staff handbook.

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussion with the manager indicated that new domiciliary care workers are provided with an initial induction followed by shadowing visits with other staff for a number of days. During the induction period staff are required to complete relevant mandatory training.

The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction period.

Discussions with service users and relatives indicated that staff had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with relevant regulatory bodies.

The inspector discussed with the manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The manager stated that all staff are required to complete the full induction programme prior to being supplied for work.

Discussions with the manager, area managers and administration staff demonstrated that the agency endeavours to ensure that the required number of experienced persons are available to meet the assessed needs of individual service users; it was noted that the agency is in the process of implementing a system for electronically monitoring of calls provided.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that staff receive a minimum of two supervisions per year and in addition an annual appraisal. During the induction programme, supervisory staff will shadow staff more frequently to assess competency and to provide support and guidance. The records of four staff reviewed indicated that staff had received supervision and appraisal in accordance with the agency's policies. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner. In addition area managers complete regular spot checks of staff.

The manager could describe the process for identifying training needs in conjunction with the agency's HR department and their responsibility for ensuring that staff complete required training updates. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. The agency has an electronic system for recording staff training; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if

they are not appropriately registered. Discussions with the manager indicated that the list is reviewed on a weekly basis in conjunction with the agency's administrative staff.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The registered manager is the identified Adult Safeguarding Champion (ASC).

It was positive to note that the agency has developed an Adult Safeguarding position report for the agency for the period September 2017 to December 2018; it was noted to include a comprehensive account of referrals made in relation to adult protection and of training provided by the agency.

It was identified from discussions with the manager and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an annual training update.

Service users and relatives who spoke to the UCO could describe what they would do if they had any concerns in relation to the safety of service users or the care they received. Area managers who spoke to the inspector had a clear understanding of the process for reporting concerns.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that referrals made in relation to adult protection matters since the previous inspection had been managed in accordance with the agency's policy. It was positive to note that records retained were comprehensive and well organised.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was identified that prior to commencement of a service the agency receives a range of relevant assessments and information from the HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users.

The manager and area managers could describe the process for ensuring that service users are involved in the development of their individual care plans. Care plans are provided for staff in the service users homes. The agency contributes to reviews involving the service users' HSCT keyworkers if appropriate.

The agency's office accommodation is located in Newcastle. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, an intercom system was in place to gain access, records were stored securely and in a well organised manner and that computers were password protected.

The UCO was advised by all of the service users and relatives spoken to that they had no concerns regarding the safety of care being provided by Lydian Care. The stated that care is provided by a regular team of care workers and that new care workers are usually introduced to by a regular member of staff. This was felt to be important both in terms of the service user's security and that the new care worker had knowledge of the required care.

No issues regarding the skills of the care workers were raised with the UCO by the service users or relatives. All of the service users and relatives spoken to confirmed that they could approach the care workers and staff in the office if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Everything’s going fine.”
- “No problems whatsoever.”
- “Never had to ring them about anything.”

Staff comments

- “I think service users are safe; the carers report any concerns.”
- “Training is good; staff get a good induction.”
- “We get supervision and annual appraisal.”
- “We report adult safeguarding matters immediately to the manager.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and the agency’s management of adult safeguarding matters.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received information relating to good record keeping practices during their induction programme.

Staff who spoke to the inspector could describe the processes in place for supporting service users to be engaged in the care planning and review processes. During the inspection the inspector and UCO viewed a number of individual service user care records; it was noted that staff record daily the care and support provided. The manager stated that the agency is currently in the process of introducing an electronic system for retention of records and details of care provided.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing monthly quality monitoring audits and monitoring of staff by the area managers in the homes of service users.

The inspector viewed the agency's quality monitoring reports of the audits completed by the registered person in conjunction with the manager and compliance officer. Records viewed indicated that the process is effective; an action plan is developed.

It was identified that the person completing the report had liaised with a number of service users and where appropriate their representatives to obtain their views on the service provided. Reports viewed were noted to include comments made by service users, and where appropriate their representatives. In addition the reports included details of the review of the previous action plan, review of accidents, incidents, staffing arrangements, care records and complaints.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and their relatives indicated that the agency's staff communicate appropriately with them.

The manager and area managers could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate.

The agency facilitates regular staff meetings; minutes of meetings viewed indicated that a range of relevant matters are discussed.

The UCO was informed by the service users and relatives spoken to that they had no concerns regarding the care workers' timekeeping or missed calls and indicated that care had not been provided in a rushed manner.

No issues regarding communication between the service users, relatives and staff from Lydian Care were raised with the UCO. The service users and relatives advised that home monitoring visits have taken place to obtain their views on the service. One service user confirmed that had received a questionnaire from the agency to obtain their views on the care provided.

Examples of some of the comments made by service users or their relatives are listed below:

- "Would give them 100%."
- "The bosses are helpful and caring."
- "Delighted with the care."

Staff comments

- "We have a good knowledge of the clients; staff are good at reporting concerns."
- "Spot checks are completed weekly."
- "Staff meetings are completed quarterly; they are very informative."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that as part of the induction programme staff receive training relating to human rights and confidentiality. Discussions with the manager, area managers, service users and relatives and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency and in the way care is provided. It was good to note that staff practice is observed regularly as part of the agency's supervision and spot check process.

The agency produces a newsletter for service users to inform them of any changes in the agency and other key information.

Service user care records viewed during the inspection were noted to contain information relating to the life histories of service users and their care needs. The manager and area managers could describe how service users are supported to make decisions about the care and support they received. It was noted that service users sign their assessments and care plans to indicate that they have been involved in the care planning process. The manager and area managers stated that the agency endeavours to provide care and support in an individualised manner.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff receive information relating to equality and diversity during their induction. The manager and area managers could describe how staff supervision, spot checks and training equips the domiciliary care workers to engage with a diverse range of service users.

Discussions with the service users and their relative's, the area managers and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Processes for effective communication
- effective service user involvement
- appropriate stakeholder involvement

- equity of care and support
- provision of care in a person centred manner

Records viewed and discussions with staff and service users indicated that the agency has a range of methods for obtaining, recording and responding to comments made by service users and/or their representatives. Records of service user monitoring visits, stakeholder questionnaires, care review meetings, staff spot checks, complaints/compliments and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

The inspector noted that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. The inspector viewed evidence of engagement with a range of stakeholders.

All of the service users and relatives spoken to by the UCO indicated that care was provided in a compassionate manner. The service users and relatives advised that care workers treat them with dignity and respect. Service users indicated that they are given their choice in regards to the care provided.

Views of service users and relatives have been sought by the agency through home monitoring visits. Examples of some of the comments made by service users or their relatives are listed below:

- “XXX has built up a good relationship with the carers.”
- “The girls are very nice.”
- “They’re all lovely.”

Staff comments

- “Service users are well cared for; we visit them regularly to speak to them about any concerns they have about the service provided.”
- “We have a good rapport with the care workers; we are always at the end of the phone for help and advice.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care to meet the individual assessed needs of service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a team of area managers and administrative staff. The manager could describe the process for staff and service users to obtain support and guidance at any time including out of hours arrangements. Service users and relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and that staff can access if required. The policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and area managers indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received complaints awareness information during their induction programme. Service users and relatives spoken to could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency complaints received since the previous inspection had been managed in accordance with the agency's policies and procedures and records retained of investigations, outcomes and actions. Complaints are audited on a monthly basis as part of the agency's quality monitoring system.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the registered person, the manager and administrative staff indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, regular direct observation and monitoring of staff by the area managers, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the process the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders.

From records viewed and discussions with the manager and administrative staff it was identified that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager could clearly describe the rationale for regularly reviewing the quality of the services provided and of obtaining the views of service users.

The organisational and management structure of the agency is outlined in the Service User Guide; it details lines of accountability. It was noted that staff are provided with a job description and a comprehensive staff handbook at the commencement of employment; in addition staff receive support and guidance during supervision and monitoring visits by the area managers. Service users and relatives who spoke to the UCO were aware of the roles of staff.

The registered person has worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

All of the service users and relatives spoken to confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised with the UCO.

Staff comments

- “The manager is very approachable and supportive.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process; engagement with staff and service users and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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