

Inspection Report

16 December 2021



Lydian Care Ltd

Type of Service: Domiciliary Care Agency
Address: 33 Main Street, Newcastle, BT33 0AD
Tel No: 028 4372 5385

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Lydian Care Ltd	Registered Manager: Ms Fiona Theresa Kane
Responsible Individual: Mr Pierre Gerard Burns	Date registered: 24/08/2015
Person in charge at the time of inspection: Ms Fiona Theresa Kane	
Brief description of the accommodation/how the service operates:	
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 (HSCT).	

2.0 Inspection summary

An unannounced remote inspection was undertaken by a care inspector on 16 December 2021, between 10.00 a.m. and 1.00 p.m.

The last care inspection of the agency was undertaken on 18 October 2019. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good

practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

No questionnaires were returned prior to the issuing of the report. There was no response to the electronic survey.

We spoke with two service users/relatives and two staff during the inspection; comments received are detailed below.

Service users' comments:

- "Excellent, no problems at all."
- "The girls are great they come on time and do what I need; usually just supervise me."
- "I have no concerns the staff are 100%."
- "They provide reassurance to me."

Relatives' comments:

- "Excellent, no problems."
- "All the staff are great."

Staff comments:

- "Great agency to work for, they have a good set up."
- "They are very supportive; there are a number of people I can go to for help."
- "I can raise issues and they deal with anything raised."
- "I am more than happy, I have no issues."
- "I do not feel under pressure in completing my calls."
- "I have no concerns."
- "Recently with Covid and a few staff being off it has been busier but we always get there and make sure the service users get their care."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to the agency was undertaken on 18 October 2019 by a care inspector; one area for improvement was identified.

Areas for improvement from the last inspection on 18 October 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21.(1) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	The registered person shall ensure that the records specified in Schedule 3 are maintained, and that they are- (a) kept up to date, in a good order and in a secure manner; Ref: 6.3	Met
	Action taken as confirmed during the inspection: Records viewed during the inspection we noted to be accurate, up to date and in a good order.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation'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 clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated and was reviewed by the inspector.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately and that comprehensive records were kept. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users and relatives who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the office staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and actions taken to reduce or prevent reoccurrence.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

It was identified that they agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19 and had access to Personal Protective Equipment (PPE).

5.2.2 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with the manager and staff, and the review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff are not supporting SU's with eating and drinking however are involved in meal preparation. Where it is identified that a service user has food modifications the agency's staff are not involved in the food preparation. Staff have been provided with information with regard to swallow awareness. The manager stated that Dysphagia training has been added to the list of mandatory training that staff are required to complete annually.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed/late calls, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

The manager stated that the detail of the monitoring report is reviewed monthly with the registered person and the quality monitoring officer.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. 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.



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