

Unannounced Care Inspection Report 13 October 2016



Lydian Care Ltd

Type of service: Domiciliary Care Agency
Address: 33 Main Street, Newcastle BT33 0AD
Tel no: 02843725385
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lydian Care Ltd took place on 13 October 2016 from 10.00 to 16.00 hours.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care Trust (HSC Trust). No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Pierre Burns, registered person and 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 September 2015.

2.0 Service details

Registered organisation/registered person: Lydian Care Ltd/Pierre Gerard Burns	Registered manager: Fiona Theresa Kane
Person in charge of the service at the time of inspection: Fiona Theresa Kane	Date manager registered: 24 August 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with five service users and seven relatives, either in their own home or by telephone, on 10 and 11 October 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with meals and personal care.

On the day of inspection the inspectors met with three care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Eight completed 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:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Three service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Service user newsletter October 2015
- Staff newsletter September 2016
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Employee Handbook
- Staff meeting minutes from October 2015 to August 2016
- Complaints log and records
- Compliments log received during 2016
- Monthly monitoring reports for July to September 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 22 September 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14(a) (b).</p> <p>Stated: First time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the agency had reviewed their 'missed calls' policy and procedure. The agency had revised their communication processes with service users and representatives in relation to late or missed calls. Staff training, monitoring and supervision procedures were found to be in place and, where identified, staff practice was found to have been managed appropriately.</p>	
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4.2 Is care safe?

Lydian Care Ltd is a domiciliary care agency based in Newcastle providing care to 562 people living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

The inspector viewed a sample of four care workers' files relating to recruitment details which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. The review of this documentation was facilitated by a practical checklist at the front of each care worker's file, clearly detailing Lydian Care's structured system for induction training, supervision and competency assessment programme. One of the three care staff interviewed, who had commenced employment within the last year, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Lydian Care agency. New carers had been introduced to the service user 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 carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and working with people with dementia. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Can have a laugh with them."
- "Any issues I have raised with them have been sorted."
- "No concerns at all."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding Adults at Risk of Harm' policy and procedure provided information and guidance as required; and referenced the Department of Health,

Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The registered manager had completed an annual safeguarding report for 2016 which contained a review of their procedures, a summary of the issues and concerns received and how learning from these matters had been incorporated into their processes, and this is to be commended as good practice.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the three staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016/2017 was viewed which contained each of the required mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, diabetes, epilepsy awareness and end of life care. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency or that care has been rushed.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Lydian Care agency were raised with the UCO. Some of the service users and relatives advised that home visits have taken place and they have received questionnaires from the agency to obtain their views on the service. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- “Couldn’t say a thing is wrong.”
- “Peace of mind for me that someone calls with me every day.”
- “Absolutely no complaints.”

As part of the home visits, the UCO reviewed the agency’s documentation in relation to six service users and no issues were identified.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. These records evidenced that the agency carried out monitoring visits with service users regularly to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and trust care managers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

The agency’s policy and procedure on ‘Record Keeping’ was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no issue identified.

The registered manager confirmed ongoing discussion of records management during staff supervision meetings, during training updates and via the monthly staff newsletters; discussion with care workers during the inspection supported on-going review of this topic. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed.

Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. The registered manager confirmed that two service user calls had been missed during 2016 to date. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

The registered manager discussed the agency’s planned introduction of a computerised staff monitoring system. This system was described as an additional tool to ensure service user visits are completed as planned.

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 compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Consistency is great. Have got to know them all.”
- “They’re all very nice.”
- “Very friendly.”

Four service users’ files were examined and documentation evidenced the agency had developed care plans individualised to suit the service users’ needs. These care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or representatives’ views had been obtained, and where possible, incorporated.

Staff described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff questionnaires received indicated that they felt service users’ views were listened to and they were involved in decisions affecting their care.

The inspectors confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thanks for great care by dedicated staff.’ (Thank you card from a service user’s relative).
- ‘Thank you for the loving care given to my mother, their help and assistance was wonderful.’ (Thank you card from a service user’s relative).
- ‘To all the girls who are reliable, professional, kind and reassuring thanks.’ (Thank you card from a service user).

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users’ needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately.

The registered manager, Fiona Kane, is supported by two homecare managers, a locality manager, enhanced senior care workers, senior care workers and administrative staff in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 562 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented with all of the policies sampled reviewed since December 2015.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. One relative advised that complaints had been made regarding standard of care and consistency of carers, and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 13 October 2016 with a range of complaints recorded. The inspectors reviewed a sample of five complaints records which supported appropriate management, review and where possible, resolution of each complaint. However a number of complaints remained unresolved, with records to evidence that management had liaised with the trust in an effort to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend, or contribute in writing to, the commissioning trust arranged care review meetings with service users/representatives. The registered manager confirmed they are provided with an amendment form from the trust care manager detailing any changes to the original care plan.

Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

Monthly monitoring reports were viewed for March to June 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided and completed a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The annual quality review report for 2015/2016 viewed had been completed in September 2016 with the summary of feedback and action plan currently being finalised. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their detailed report. The registered manager indicated that they plan to share the summary report with service users, staff and others via their newsletters during November 2016.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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