

Unannounced Care Inspection Report

27 April 2017



Lydian Care Ltd

Type of Service: Domiciliary Care Agency
Address: 33 Main Street, Newcastle BT33 0AD
Tel No: 02843725385
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

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 27 April 2017 from 09.45 to 16.30hours.

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 supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for improvement have been 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 robust systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for improvement have been 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. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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 managing changes in service user's needs. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

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

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

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 2016/2017;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency;
- Communications with the agency.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and nine relatives, either in their own home or by telephone, on 10 and 13 April 2017 to obtain their views of the service.

The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to five service users.

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

- Discussion with the registered person and registered manager;
- Discussion with six staff;
- Examination of records;
- File audits;
- Evaluation and feedback.

The following records were examined during the inspection:

- Recruitment policy and procedure;
- Recently recruited staff member's records;
- Induction policy and procedure programme;
- Recently recruited staff member's induction and training records;
- 2016 Annual quality report;
- Service user records regarding referral, assessment, care planning and review;
- Quality monitoring records;
- Staff training records including:
 - Safeguarding;
 - Medication;
 - Child protection;
 - Health and safety;
 - Infection control;
 - Moving and handling.
- The agencies service user guide/statement of purpose;
- Complaints records;
- Compliment records;
- Service user review records;
- Monthly monitoring reports completed by the registered provider.

On the day of inspection the inspector met with six staff (one quality monitoring officer, three senior care workers and two care workers) 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 ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Two completed questionnaires were received by RQIA following the inspection. The content of the questionnaires is discussed in the main body of the report.

4.0 The inspection

Lydian Care Ltd is a domiciliary care agency based in Newcastle. The agency provides domiciliary care provision to approximately 571 service users, offering services which incorporate both personal care and social support in their own homes. Lydian Care Ltd has a current staff compliment of 188 domiciliary care workers who provide service provision commissioned by the South Eastern and Southern Health and Social Care Trusts.

4.1 Review of requirements and recommendations from the last care inspection dated 13 October 2017

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

4.2 Is care safe?

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 or supervisor; 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, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Very happy with them."
- "My XXX is well looked after."
- "Not a single complaint."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers. The organisation has a human resources officer who assists the registered manager with the recruitment process, including the collection of appropriate pre-employment information.

An induction programme had been completed with each staff member which included competency assessments and subsequent supervision records were maintained. The review of this documentation was facilitated by a practical record held on their computer system for each care worker, clearly detailing the agency's structured system for induction training, supervision and competency assessment programme.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with the required timeframes and guidelines. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made

reference to the current status of staff registered and registering. The registered manager discussed the computerised system introduced to identify when staff are due to renew registration. All care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding 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) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The registered manager is named as the agency's Safeguarding champion with key responsibilities as follows:

- To provide information and support for staff on adult safeguarding within the agency;
- To ensure that the agency's adult safeguarding policy is disseminated;
- To advise within the agency regarding adult safeguarding training needs;
- To provide advice to staff;
- To support staff to ensure that any actions take account of what the adult wishes to achieve;
- To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI, RQIA and other agencies as appropriate;
- To ensure accurate and up to date records are maintained;
- To compile and analyse records of reported concerns.

The inspector reviewed the six monthly safeguarding report for October 2016 to April 2017 which was found to be comprehensive.

The agency's whistleblowing policy and procedure was found to be satisfactory. Each of the six 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 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, diabetes and end of life care. The registered manager confirmed that requested stoma care training has been arranged from April 2017 for inclusion within their staff training programme. 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
-------------------------------	---	----------------------------------	---

4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One of the relatives interviewed advised that they had experienced one missed call from the agency. Service users are usually introduced to new carers by a regular carer or supervisor.

The majority of the service users and relatives interviewed raised no concerns regarding communication. Home visits or phone calls have taken place as well as questionnaires being sent out by the agency to obtain service users' and relatives' views. Examples of some of the comments made by service users or their relatives are listed below:

- "Service is first class."
- "Never had any reason to complain."
- "Very happy with the service."
- "Couldn't say a bad word about any of them."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that three care plans required to be updated. The registered manager confirmed, on the day of inspection, that each of these care plans had been updated.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives 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 trusts arranged care review meetings with service users/relatives. The registered manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, 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 policies and procedures on 'record keeping' 'reporting and recording' were 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 appropriate action taken with individual staff where issue identified.

The registered manager confirmed ongoing discussion of records management during staff supervision/ team meetings and during training updates and via memos to staff; 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 demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. 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 confirmed that a number of service user calls had been missed during winter 2016/2017; however the appointment of additional senior care workers and the introduction of a new monitoring system had greatly reduced the number of missed calls to date.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Lydian Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Very lucky with our team. They're very friendly."
- "Very pleasant."
- "XXX gets on well with the carers."
- "It's reassuring that someone always calls to help us."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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

- 'Thanks to the staff, they are always very kind and don't rush'. (Thank you letter from a service user's relative).
- 'Compliments to the staff. We cannot praise the staff highly enough, they are caring professional and very well mannered.' (Phone call from a service user's friend).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Fiona Kane, a human resources manager, two home care managers, a locality manager, a quality monitoring officer, enhanced/senior care workers and a team of care workers provides domiciliary care and support to service users 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. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The policy and procedure manual was viewed 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 between October 2016 and March 2017.

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 2016 to inspection date 27 April 2017 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of all except one complaint. One relative had raised a number of concerns regarding the service, records evidenced that the agency, in conjunction with the commissioning HSC trust and the service user's representative had taken appropriate measures in an effort to resolve these 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.

Monthly monitoring reports were viewed for January to March 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained 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 September 2016 to April 2017 viewed had been completed with a summary section of feedback and an action plan. 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 had shared the summary report with service users and staff during May 2017.

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 by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs. One staff questionnaire included a comment noted; 'I feel feedback from clients and their families is always encouraged and used to improve the service.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews