The Regulation and Quality Improvement Authority

Inspection Report

21 May 2024

Lydian Care Ltd

Type of service: Domiciliary Care Agency
Address: 33 Main Street, Newcastle, BT33 0AD
Telephone number: 028 43725385

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 **Responsible Individual:** Mr Pierre Burns	**Registered Manager:** Ms Fiona Kane **Date registered:** 24/08/2015
Person in charge at the time of inspection: Ms Fiona 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 and Belfast Health and Social Care Trusts (HSCT).	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2024 between 11.30 a.m. and 4 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement and Dysphagia management was also reviewed.

No areas for improvement were identified.

There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and relatives and contacted a number of staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am treated with the greatest respect."
- "The carers brighten up my day."
- "I can't complain about anything."

Service users' relatives' comments:

- "No concerns about the service."
- "I am aware of how to make any complaints."
- "I am very grateful for the service."
- "Staff are always very well turned out."
- "Staff are very willing to do any task to help."

Staff comments:

- "My experience working for Lydian Care has been excellent."
- "Within my role in Lydian care I feel that I am very well supported, that office staff and management deal with all queries in a timely matter."
- "I know that should I have any queries or concerns management is at the other end of the phone."
- "I think that they are a good company to work for, i never have had any bother with them.

If I have any issues or concerns, I go to the senior on call who always gets it sorted."

- "I can honestly say that communication within Lydian Care is extremely good, and any issues or concerns I have ever raised have always been investigated, reported to social workers or relevant persons, and resolved very quickly. "
- "I enjoy working for Lydian Care, and one of the reasons being I have great support from my operations manager and from the registered manager, and this means a lot in my profession. The company is always fair, and striving to give the best service, and I enjoy being part of that."
- "I have worked with Lydian care for 2 years and have enjoyed every minute. All staff are brilliant and colleagues. We provide good service to service users. Communication between office and colleagues is very good. We all have a mutual understanding and I feel any issues or Concerns that I've had get addressed in the right way. Overall brilliant and professional company to work for."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "The care that my mum receives is second to none. The pressure that they take off us as a family is so greatly appreciated. She loves to see them coming everyday"
- "The care staff are excellent; they treat my mother like a queen. Lydian are professional and the best care team my mother has had."

There were no responses to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 15 June 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 15 June 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 23 (2)(b)(4)(5) **Stated:** First time **To be completed by:** Immediately from the	The registered person shall maintain a system for evaluating the quality of the service. This relates specifically to engagement with service users, their relatives, staff and HSC Trust representatives and the need for time bound action plans. Ref: 5.2.6	**Met**

date of inspection	**Action taken as confirmed during the inspection**: During inspection monthly monitoring reports contained feedback and time bound action plans.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All staff had been provided with training in relation to medicines management.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. The service has also received compliments, one of the compliments included the following comments:

"They are without a doubt the unsung heroes of health & social care services, a lifeline to vulnerable clients and families."

"Their kindness, caring, compassion, dedication and responsiveness to my aunt's needs was second-to-none."

"You have no idea how proud I am to have first-hand experience of how care should be delivered."

"Thank you all so much for what you do every day, as a family, we felt totally supported."

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Pierre Burns, Responsible Individual, Ms Fiona Kane, Registered Manager and Mr Dean Foster, Office Manager, as part of the inspection process and can be found in the main body of the report.

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