

Unannounced Care Inspection Report 11 October 2017



Lydian Care Ltd

Type of Service: Day Care Setting
Address: 33 Main Street, Newcastle, BT33 0AD
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Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

An unannounced inspection of Lydian Care Ltd took place on 11 October 2017 from 10.00 to 14.30 hours. This agency supplies registered nurses to private nursing homes.

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

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 Teresa Kane	Date manager registered: 09 October 2014

4.0 Inspection summary

An unannounced inspection took place on 11 October 2017 from 10.00 to 14.30 hours.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine 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 the overall governance arrangements with effective systems and processes in place. There was evidence that the agency ensures a sufficient supply of appropriately skilled and competent staff to service users. The welfare, care and protection of service users are ensured through safeguarding procedures and working in partnership with service users and other stakeholders. The provision of staff training, supervision, appraisal, as recorded, was noted to be up to date and ongoing. Staff support regarding revalidation was being provided by the registered manager.

There was good evidence of effect collaboration with service users in regard to the provision of safe, effective, compassionate care and well led service

No areas requiring improvement were identified from this inspection

The inspector wishes to thank the registered manager and staff for their warm welcome, assistance and co-operation throughout the inspection.

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. The outcome of the inspection was discussed with Pierre Burns, responsible person and Fiona Kane registered manager.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 July 2016.

No further actions were required to be taken following the inspection on 21 July 2016.

5.0 How we inspect

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

- Previous care inspection report and QIP
- Correspondence

During the inspection the inspector met with the registered manager, responsible person and administrative staff.

The following records were examined during the inspection:

- RQIA registration certificate
- Indemnity Insurance
- Statement of Purpose
- Service user Guide
- Two staff recruitment and selection records
- Staff Induction programmes
- Staff training
- Supervision / appraisal
- Matching skills and experience
- NMC status
- Range of policies and procedures pertaining to this inspection
- Incident records
- Complaints / complements.

Ten staff satisfaction questionnaires were provided for distribution to staff. Completed questionnaires were requested to be returned to RQIA within two weeks from the inspection date.

Four staff satisfaction questionnaires were completed and returned within the timescale. Respondents indicated satisfaction within the four domains; safe, effective, compassionate and well led care.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 July 2016

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 21 July 2016

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 patients and clients from the care, treatment and support that is intended to help them.

The agency's had a current policy on recruitment and selection of staff which was dated 2017. The policy/procedures and staff records reviewed were observed to be in keeping with legislative requirements and Department of Health (DOH) Nursing Agencies Minimum Standards. The registered manager undertakes and records pre-employment checks which were observed to be retained within staff files examined.

Records of all documentation relating to the recruitment process were being retained in compliance with the principles of the Data Protection Act 1998, and Access NI's Code of Practice.

The registered manager explained the procedure for checking staff registrations with the Nursing and Midwifery Council (NMC). This included an electronic tracking system which was closely monitored by the agency administrator.

The registered manager advised that all newly appointed staff is required to provide evidence of training most recently undertaken that fulfils mandatory training requirements. All new staff is required to complete structured orientation and induction.

Staff hand books are reviewed on an annual basis and issued to staff. Review of the handbook, dated August 2017, confirmed that information provided was in accordance with legislation.

The registered manager described the procedure for matching staff to the commissioned placement. This was documented within individual staff profiles. The selection of nurses for supply is made by the registered manager who undertakes a review of staff qualification, previous roles, practice experience and competency of each nurse and matches appropriate nurse to the requirements of the placement setting.

The registered manager explained the systems and processes in place to monitor staff performance. For example; regular supervision, annual appraisal and feedback from service users through service user satisfaction questionnaire and discussions during placement visits.

The registered manager explained that adult and children safeguarding training was provided during induction of new staff and updated annually. Records retained confirmed that training was last provided on 4 April 2017 which included current Department of Health (DOH) policy / procedures. No safeguarding issues had been reported since the last care inspection of the agency.

The registered manager advised that she was the designated champion for adult safeguarding and demonstrated awareness of her role and responsibilities in this regard.

The agency had a whistle blowing policy which was reviewed during 2017. The registered manager advised that staff is aware of the policy and their duty in relation to raising concerns about poor practice.

The registered manager demonstrated awareness of notifiable events to be submitted to RQIA and other relevant organisations. No events had occurred since the previous inspection.

The agency's registered premises were observed to be suitable for the administration of a nursing agency.

Four staff questionnaires were completed and returned to RQIA within the required timescale. All respondents indicated that the agency care was safe. No issues or concerns were recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision / appraisal and adult safeguarding.

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 agency's arrangements for appropriately responding to and meeting the needs of people who use the service were discussed with the registered manager. Details in this regard were reflected within the agency's Statement of Purpose and Service User Guide.

The agency's policy on the management of records reflected the procedures for the creation, storage, retention and disposal of records. Records reviewed during the inspection were noted to be maintained in accordance with legislation and standards.

The registered manager explained the systems in place to seek, record, monitor and retain service user comments in regard to the quality of care provided by the agency. Quality methods utilised included; service user and staff satisfaction surveys conducted throughout the year in addition to visits to service users and telephone discussions, inclusion of feedback from service users recorded within staff time sheets, monthly monitoring of service provision undertaken by the registered person and staff appraisals.

Quality improvements established included the development of a six monthly newsletter distributed to service users which reflected a wide range of information regarding the service including quality assurance methods conducted and new developments established.

Review of monthly monitoring reports for July, August and September 2017 was undertaken. Records were observed to be in accordance with standard 1.2 of the Nursing Agencies Minimum Standards. The effectiveness and quality of care provided to service users included training, complaints, events, safeguarding, staffing issues and documentation.

There was good evidence of effective modes of communication with service users, agency nurses and other relevant stakeholders. The agency retains records of all contacts with service users.

The registered manager could describe the process that would be followed for addressing concerns relating to staff and where necessary during any investigation ongoing the nurse would not be provided to work.

Four staff questionnaires were completed and returned to RQIA within the required timescale. All respondents indicated that the care provided was effective. No issues or concerns were recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to records, audits and reviews, communication between service users and agency staff and other key stakeholders. The development of the quality newsletter is to be commended.

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?

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

The registered manager explained that the agency held great pride in delivering an excellent service through building effective and sustainable relationships with their service users and staff.

Discussions with the registered manager and review of records retained reflected that the agency promoted a culture/ethos of core values of rights. Discussions with the registered manager and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture of the organisation.

The agency had a wide range of policies and procedures that direct the quality of services provided. Policies were readily available in hard copy format. A cursory view of policies evidenced that these were current and reviewed on an annual basis. The registered manager explained that the policy / procedure on restraint were a work in progress.

The agency's policy and procedure on confidentiality, dated July 2017, reflected the various measures on how confidentiality is upheld by the agency.

Staff training records reviewed confirmed that nursing staff were provided with relevant training to ensure they are aware of the action to take should a suspicion of, or actual abuse arise.

The manager explained that nursing staff receive annual appraisals in accordance with the agency's policy dated 2017. Records of appraisals were retained.

The bi-annual newsletter publishes the agency's findings regarding service user and staff satisfaction with the service. This newsletter is distributed to service users on a bi-annual basis. The agency's action plan to develop and improve on the service it provides was reflected within the summer newsletter.

Four staff questionnaires were completed and returned to RQIA within the required timescale. All respondents indicated that the care provided was compassionate. No issues or concerns were recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 registered manager explained the organisational structure of the agency and how she was supported in her role by Pierre Burns, responsible person, human resource officer and a team of administrative staff. At operational level support is provided by registered nurses. Details in regard to the organisation structure were reflected within the Statement of Purpose (September 2017) and Service User Guide.(September 2017)

The agency's RQIA registration certificate and Indemnity Insurance, dated August 2017, were displayed in a prominent position.

The agency's governance systems in meeting the needs of service users were discussed with the registered manager. There was a wide range of current policies and procedures which were readily available to staff electronically or hard copy format; retained within the agency office. Governance arrangements in regard to the identification and management of risks included, for example; appropriate policies and procedures, monitoring of staff training, audit of staff registration status with the NMC, monthly audits of complaints, incidents and safeguarding.

The agency's complaints policy/procedure dated 2017, reflected Department of Health (DOH) guidelines and relevant legislation. It was noted from records reviewed that the agency had not received any complaints for the period 1 April 2016 to date. The registered manager demonstrated good knowledge of the procedure to follow should a complaint be received.

The agency's incident policy/procedure dated 2017, was discussed with the registered manager who explained the procedure and how learning would be identified and measures put in place to minimise the risk of recurrence.

Throughout the inspection it was identified that the agency had in place good governance systems to drive quality improvement. The agency's annual quality report for 2016 reflected monitoring, audit arrangements and quality improvements. The manager described the importance of ongoing review and monitoring of services provided to ensure that areas can be identified for improvement with appropriate action taken.

Records of staff training were recorded electronically in matrix format. Review of training and discussion with the administrative staff confirmed that mandatory training was being provided as required. The registered manager explained that the agency provided additional professional development training for nurses employed and recognised the importance of ensuring they were kept up to date with current best practice. Records of staff six monthly supervision and appraisal were retained.

The registered manager explained the collaborative working arrangements with service users and the importance of receiving feedback on the service provided by the agency. Feedback from nursing staff within satisfaction surveys conducted indicated that there were good working relationships and that management are responsive to suggestions/concerns

Four staff questionnaires were completed and returned to RQIA within the required timescale. All respondents indicated that the care provided was well led. One respondent commented “any problems or issues I have are dealt with promptly. Training and professional development are a priority and I am encouraged to go on any courses I feel would be of benefit”

No issues or concerns were recorded by respondents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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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