

# Unannounced Care Inspection Report 18 October 2019



## Lydian Care Ltd

**Type of Service: Domiciliary Care Agency**  
**Address: 33 Main Street, Newcastle, BT33 0AD**  
**Tel No: 02843725385**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

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).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Lydian Care Ltd	<b>Registered Manager:</b> Ms Fiona Theresa Kane
<b>Responsible Individual:</b> Mr Pierre Gerard Burns	
<b>Person in charge at the time of inspection:</b> Ms Fiona Theresa Kane	<b>Date manager registered:</b> 24/08/2015

### 4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 10.00 to 17.10.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, and the Domiciliary Care Agencies Minimum Standards, 2011.

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

The inspection was undertaken following receipt of whistleblowing information received by RQIA in relation to staffing arrangements and staff support.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

From records viewed and discussions with the manager, staff, service users and relatives and in conjunction with feedback received from a HSCT representative the matters highlighted could not be substantiated at this time. The manager provided assurances that staff would be informed of the process for raising concerns relating to the care and support provided.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff supervision/appraisal, training and adult safeguarding. The care records were noted to be person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of equality, choice, care planning, decision making, confidentiality and effective service user engagement.

One area for improvement was identified during this inspection in relation to record keeping.

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.

The inspector would like to thank the registered person, the manager, the service users, relatives, the HSCT representative and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Kane, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 February 2019

No further actions were required to be taken following the most recent inspection on 11 February 2019

#### 5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the registered person, the manager, the HR manager
- consultation with two service users, two relatives and three staff
- email correspondence a HCST representative
- examination of records
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

The inspector randomly selected ten service users who were provided with questionnaires; one response was returned prior to the issuing of this report. The respondent indicated that they were satisfied that the care provided was safe, effective and compassionate and that the agency was well led.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's systems to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency. The manager could describe the system in place for ensuring that required staff pre-employment checks are completed. The manager stated that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department.

Discussions with the manager and the HR manager indicated that they had a clear understanding of the recruitment process and the need for a robust system to be followed. They stated that staff are not provided to deliver care and support to service users until all required pre-employment checks have been satisfactorily completed and verified.

Discussions with the manager, staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. The agency has a range of information that all staff are required to read and complete; it includes areas such as confidentiality, health and safety and policies and procedures. In addition, staff are required to complete E learning in a range of areas.

Staff who spoke to the inspector talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users. Staff indicated that shadowing staff employed by the agency provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care.

It was noted that the agency aims to provide supervision/ appraisal to staff in accordance with the timescales as outlined in their procedures. Records viewed during the inspection provided evidence that the majority of staff had received supervision/ appraisal and dates had been planned for those outstanding.

The agency has a system for ensuring that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). It was identified that the agency pays the annual registration fee for staff employed. The HR manager described recent contact with NISCC due to difficulties encountered with endorsing applications made; they stated that they are submitting this manually. The information is checked monthly by the agency. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that all staff were registered appropriately on the date of inspection.

The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed. It was noted that staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff who spoke to the inspector indicated that their training had equipped them with the knowledge and skills for their role and stated that additional training received supported them in improving the quality of care they provided. Staff demonstrated that they had a clear understanding of service users' human rights.

The inspector viewed the agency's electronic system for recording training completed by staff; it was noted that the information was recorded in a well organised and detailed manner. Records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, Health and safety, medication, recording and reporting, safeguarding adults, first aid and fire safety.

In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, confidentiality, adult safeguarding and whistleblowing. Training compliance is reviewed by the person completing the quality monitoring audit.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The agency's Adult Safeguarding Position report for 2017-18 was available for viewing during the inspection.

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures and the process for reporting adult safeguarding concerns appropriately.

Staff are required to complete safeguarding training during their induction programme and annual training updates thereafter. From training records viewed it was noted that all staff had completed required training.

Service users/relatives who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff in the office at any time and felt that their concerns would be listened to and appropriately addressed.

From discussions with the manager and records viewed relating to adult safeguarding it was noted that the agency has a process for maintaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the manager indicated that referrals had been managed in accordance with the agency's adult safeguarding policy.

Staff who spoke to the inspector had a clear understanding of their responsibility in identifying and reporting actual or suspected incidences of abuse. They described their role in relation to reporting poor practice and had knowledge of the agency's policy with regard to whistleblowing.

Service users/ relatives indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new staff are introduced to them; this is felt to be necessary in terms of respecting the service users' dignity and respect. They stated that they could speak to staff at any time.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with one staff member during of inspection highlighted a concern in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans on a bed run. This was discussed with the manager and evidence provided that the matter was currently being reviewed. It was identified that the agency does not access staff from another domiciliary care agency.

The manager stated that missed calls are monitored and provided evidence which indicated that following a recent missed call staff were required to contact the office for a period of two weeks to confirm that all calls had been completed following their shift. The manager stated that the agency is currently trialling a call management/monitoring system on one of its locality areas; it is anticipated that this would eliminate calls being missed.

Discussions with staff and rota information viewed indicated that care and support is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. Staff felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. The manager discussed the difficulties encountered in recruiting care workers in some of its areas. Staff

raised no concerns in relation to the service users' needs being met. It was noted that staff can access guidance from senior managers out of hours.

The agency has an electronic system for recording details relating to any incidents/accidents; this information is reviewed by the manager. The agency has a system for identifying trends. A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The inspector discussed with the manager the need to ensure that a record of the outcome is retained.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager described the process for assessing and reviewing risk. Records confirmed that risk assessments and care plans had been completed in conjunction with service users and their relevant HSCT keyworker.

Discussions with staff indicated that they were knowledgeable and informed, regarding the individual needs of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. The manager and staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Service users describe how staff support them and stated that staff talked to them about their care; they stated that staff respect decisions/choices they make.

Staff and service users who spoke to the inspector stated that they felt care was being provided in a safe manner. The manager and staff could describe how they observe service users to identify any change in dependency or risks and take appropriate measures to promote the safety and wellbeing of the service users. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's office is located in the centre of Newcastle; it was noted that during the inspection records were stored securely and that computers were password protected. Information relating to staff/service users was noted to be stored securely and presented in a well organised manner. The manager and staff could describe the importance of storing confidential information in accordance with data protection guidelines.

## **Comments received during inspection process.**

### **Staff comments**

- "Concerns raised are followed through."
- "Can contact my line manager or the on call."
- "I feel listened to, the managers are great and very accommodating."
- "Lydian Care are more than good to me; they helped me when I had a baby to change my work pattern."
- "Fantastic organisation, I have no issues or concerns; I am very happy."
- "Any concerns I ring the senior."
- "Training is good, I had shadowing for three weeks."

### Service users' comments

- “Staff are very nice, they come on time.”
- “Care is good.”
- “I have no concerns or issues.”
- “Staff speak to me; they help us well with all we need.”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users.

The organisation's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. The inspector noted that use of correction fluid within the agency's staff rota information; this was highlighted to the manager and assurances provided that this would be discussed with staff and ceased immediately. It was identified from one of the documents viewed during the inspection that the incorrect name had been recorded. The inspector discussed with the manager the need to ensure that all records clearly record the correct name of the person that they relate to. An area for improvement has been identified.

Service user care records viewed included referral information, risk assessments and care plans. Care plans viewed were noted to provide an account of care and support required. Service users stated that they can make choices in relation to the care they received.

The manager described how service users are supported to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The agency contributes to reviews involving the service users' HSCCT community keyworkers as appropriate.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and their relatives evidenced that staff communicate appropriately with them. Service users who stated that that staff respect their choices in relation to their care.

The manager could describe the processes used to develop and maintain effective working relationships with relatives and HSCT representatives as appropriate.

It was identified that the agency facilitates staff meetings on a six monthly basis. In addition the agency produces a monthly staff newsletter; it was identified information viewed that a number of key areas are discussed such as confidentiality, recording and reporting, policies and procedures, staffing arrangements and NISCC registration. Staff stated that they can raise matters at any time with the senior. The agency provides service users with a quarterly newsletter; they include information relating to on call arrangements, monitoring visits, care planning and the process for reporting late calls.

Service users who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support.

**Relatives’ comments**

- “Service is fantastic, great; the girls are great.”
- “My aunt is being cared for.”
- “I had an issue that the staff were coming too early and I rang the homecare manager and they sorted it out.”
- “I have no problems; I am more than happy.”
- “I can ring the office at any time.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s communication with service users, relatives and where appropriate other key stakeholders.

**Areas for improvement**

One area for improvement was identified in relation to record keeping.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

**6.4 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive information/training in relation to diversity, equality, human rights during their induction programme and in addition sign a confidentiality disclaimer. Discussions with staff, service users and records viewed during the inspection indicated that

the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. Service users/relatives described how staff respect their views and choices.

Staff who spoke to the inspector described how they encourage service users to make choices about the care and support they receive. Service users who spoke to the inspector indicated that they have choice and stated that staff respect their choices; they stated that they can refuse any aspect of their care and support. Staff discussed the process for raising concerns with the manager in relation to any identified risks.

Service user care records viewed were noted to outline the information relating to the care to be provided to service users. Staff stated that they aim to provide the care in an individualised manner. Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. Staff could describe how their training equips them to engage with a diverse range of service users. The manager stated that the agency plans to provide human rights training for all staff. Staff are in the process of completing training relation to Deprivation of Liberty Standards (DOLS).

Discussions with service users, relatives and staff provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- assessment and care planning

From records viewed and discussions with service users and staff it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of monitoring visits/spot checks, daily recording, review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Staff, service users and relatives who contributed to the inspection indicated that they felt care was provided in a compassionate manner.

### **Relatives' comments**

- "I can report concerns; they are followed up."
- "Care is good."
- "We have no concerns at the minute; happy with the care."
- "Few staff left, I did not really like them and I told \*\*\*\*\* (homecare manager)."

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of care in a person centred and compassionate manner and the effective engagement with service users, relatives and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for promoting human rights.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 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 governance systems in place within the agency to meet the assessed needs of service users were reviewed. The agency is currently managed on a day to day basis by the manager supported by a number of homecare managers, enhanced senior and senior care workers and domiciliary care workers. Staff who spoke to the inspector described the process for obtaining support and guidance including out of hours arrangements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, monitoring visits/spot checks and annual review.

The agency’s policies and procedures are retained electronically and staff can access as required.

The agency’s complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they had a clear understanding of the actions to be taken in the event of a complaint being received. Service users and relatives who spoke to the inspector could clearly describe the process for raising concerns or making a complaint and indicated that the agency is responsive in responding to matters raised by them.

Complaints are audited on a monthly basis as part of the agency’s quality monitoring process. The agency has a process for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had received no complaints since the previous inspection.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include monitoring of staff, complaints, accidents/incidents and referrals made relating to adult safeguarding. Feedback received from a HSCT

representative indicated that the agency aims to ensure that there are effective working relationships.

The inspector viewed evidence which indicated appropriate staff training and supervision/appraisal. The registered person and the manager could clearly describe the rationale for regularly reviewing the quality of the services with the aim of improving the service provided.

Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. Service users and relatives who spoke to the inspector knew whom they should contact if they have any concerns regarding the service.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The inspector viewed the agency's quality monitoring reports of the audits completed. Records viewed indicated that the process is effective in identifying trends and areas for improvement. It was noted that an action plan is developed. Records viewed indicate engagement with service users, relatives and HSCT representatives. The reports included details of the review of monitoring calls/spot checks, staffing arrangements, missed/late calls, accidents/incidents, safeguarding referrals, and complaints. The inspector discussed with the registered person the merits of making reference to staff training.

### **Comments received from a HSCT representative following the inspection:**

"I have been involved with this Agency Lydian Care since its initial commencement. I find the agency managers very approachable and efficient regarding queries or concerns. Always willing to attend review if required and when their own reviews are completed they contact SET (South Eastern Trust) with outcome. Geographical area widespread and Lydian always willing to step in in an emergency situation. I would have no problem with Lydian attending to any of my clients in the community."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Kane, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21.(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the records specified in Schedule 3 are maintained, and that they are-</p> <p>(a) kept up to date, in a good order and in a secure manner;</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Lydian Care will carry out regular checks and audits of its records and will ensure that any use of correction fluid within the agency's staff rota information/staff records/and all other documentation does not occur.</p> <p>Lydian Care will ensure that all documents will be titled, named and filed correctly at all times. Lydian Care will ensure that all records clearly record the correct name of whom it relates.</p> <p>As per Schedule 3 Lydian care will ensure records will be kept up to date, in good order and in a secure manner.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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