



The Regulation and  
Quality Improvement  
Authority

Lydian Care Ltd  
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**Unannounced Care Inspection  
of  
Lydian Care Ltd**

**22 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 22 September 2015 from 09.30 to 16.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the Fiona Kane registered manager via telephone and Homecare managers, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Lydian Care Ltd/Pierre Burns	<b>Registered Manager:</b> Fiona Kane
<b>Person in charge of the agency at the time of Inspection:</b> Homecare Manager	<b>Date Manager Registered:</b> 24 August 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 508	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the Homecare Manager, registered manager and the responsible person
- Consultation with two care staff and two supervisors
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with seven service users and twelve relatives, either in their own home or by telephone, between 11 and 15 September 2015 to obtain their views of the service. The service users interviewed live in Saintfield and surrounding areas, and receive assistance with the following: Management of medication, personal care, meals and sitting service. Feedback received is included within the body of this report.

On the day of inspection the inspector met with two care staff and two senior care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the Homecare manager ten questionnaires to distribute to randomly selected staff members for their completion asking for their views regarding the service, and return to RQIA. Four staff questionnaires were received following the inspection, with feedback discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff meeting agendas and minutes for June to August 2015
- Two staff weekly memo's regarding specific service user needs
- Five staff quality monitoring records
- Staff duty rota for September 2015
- Service user compliments received by the agency from January 2015 to May 2015

- Three complaints records
- Monthly monitoring reports for June, July and August 2015
- Annual quality report
- Procedure for management of missed calls
- Procedure for non-attendance of care staff at service users homes
- Management staff daily contact log records/on call logs for September 2015
- Two missed call records and follow up with staff members and trusts
- On call rota
- Two communication records with trust professionals
- Duty file
- Five incidents reportable to RQIA in 2014/2015.

## 5. The Inspection

### Profile of Service

Lydian Care is a private domiciliary and nursing agency operating since 2007 providing services in the Newcastle and surrounding areas. The areas covered include the South Eastern Trust and all locality areas from Killyleagh and Saintfield through to Dundrum and Clough. The agency also moved into the Southern Heath and Social Care Trust area during the previous few years covering areas such as Portadown, Lurgan and Craigavon. The domiciliary care agency provides services including personal care, supervision and domestic tasks to approximately 508 adult service users in their own homes. The service currently employs 163 domiciliary care staff.

### 5.1 Review of Requirements and Recommendations from Previous Inspection.

The previous inspection of the agency was an unannounced care inspection dated 15 December 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection.

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 13.2</b>	The registered manager is recommended to expand their 'Staff Supervision, Monitoring Appraisal and Development' policy and procedure to clearly reflect the processes for management staff supervision and appraisal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The 'Staff Supervision, Monitoring Appraisal and Development' policy and procedure dated December 2014 was reviewed which had been expanded to include the management staff supervision and appraisal processes.	

<b>Recommendation 2</b>  <b>Ref: Standard 5.2 &amp; 5.6</b>	The registered manager is recommended to ensure that records in service user's homes are up to date and consistently completed by care workers.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that a range of procedures are in place regarding records in service user's homes. Staff training and minutes of meetings included this subject along with records of file auditing during review meetings, monitoring visits and on return to office.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their pre service visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that new carers are usually 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 the carer's knowledge of the required care. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. Staff also confirmed that they were provided with training related to communication skills, dementia awareness and care of diabetic service users which they found extremely valuable.

#### Is Care Effective?

The UCO was informed by the service users and relatives that they were aware of whom they should contact if they had any issues regarding the service. Two relatives confirmed that complaints had been made regarding timekeeping, consistency of carers, missed calls and standard of work. These areas were discussed with the homecare manager and records reviewed found these areas were currently being addressed.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner and ongoing monitoring to ensure that standards are being maintained.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

The most recent monthly monitoring reports for June, July and August 2015 reviewed evidenced working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback and actions taken. Service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

The documentation relating to one service user was reviewed by the UCO during the home visits. The file reviewed contained an accurate copy of the service user's care plan and risk assessment; however it was noted that the log sheets were not being consistently signed by two carers and call lengths were short. This area was discussed with the homecare manager and is to be addressed.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives. Management visits and observation of staff practice are taking place. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during August 2015. No staff practise issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff e.g. 'my carer treats me so well.'

Records of their annual quality report for 2014 was reviewed which contained feedback from service users/representatives, commissioning trust care managers and staff. This report evidenced very positive feedback from the respondents regarding the service; the registered manager confirmed that this report had been shared with service users/representatives. The records evidenced that the agency are currently collating their latest survey responses from service users, commissioning trust and staff.

Four staff surveys were received following the inspection day. The majority confirmed that they were satisfied with the training received in relation to core values, communication methods and mental health care. One survey suggested the training received had been basic and this was shared with the registered person who confirmed this area is currently under review.

### **Is Care Compassionate?**

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Lydian Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. Examples of some of the comments made by service users or their relatives are listed below:

- “All the girls are very caring.”
- “Couldn’t do without them. They allow me to stay in my own home.”
- “No complaints at all.”
- “I have raised issues but they have all been addressed.”
- “Couldn’t be better.”
- “It’s great to have consistent carers calling with my XXX.”

All of the service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included working with service users with limited mobility.

### Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems, policies and processes relating to communication channels with service users, their relatives and staff were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails. This subject was discussed with the homecare manager in the office and via telephone with the registered manager who indicated that there had been eight missed calls during 2015 to date.

The planned introduction in October 2015 of a pilot Electronic Call Monitoring system was discussed as a means for the agency to manage calls in real time and in turn reduce the incidence of missed calls their service. This has been developed in conjunction with the commissioning trust and with consultation with service users/representatives.

### Is Care Effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carer’s timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

As detailed within the theme above, two relatives confirmed that complaints had been made regarding timekeeping, consistency of carers, missed calls and standard of work. These areas were discussed with the homecare manager and records reviewed found these areas were currently being addressed.

Two of the people interviewed also advised that they had experienced a small number of missed calls from the agency. Records viewed in the agency office verified that appropriate actions had been taken with the staff members identified and on-going monitoring of performance carried out.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home. Minutes of staff meetings for June to August 2015 were reviewed which evidenced discussions relating to the reporting process if staffs are running late for a service users visit, along with the on-call arrangements out of hours. The inspector also reviewed staff memos and their Newsletter dated June 2015 which contained updates and reminders on these subjects. The on-call logs viewed evidenced that staffs were reporting issues as required and the subsequent actions taken were appropriate.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Lydian Care. No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

### **Areas for Improvement**

One area for quality improvement was found in relation to this theme. The registered manager is required to ensure suitable arrangements are in place relating to management of missed calls in line with Regulation 14(a) (b). This matter has been detailed on the QIP.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

The inspector reviewed the agency's RQIA notification of incidents log, with five reports received during the past year. Review of these incident reports evidenced that each had been appropriately recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate actions had been taken to address each matter.

## **6. Quality Improvement Plan**

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Fiona Kane registered manager via telephone and homecare manager in the office as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14(a) (b).</p> <p><b>Stated:</b> 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>
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<p><b>To be Completed by:</b> Immediately and on-going</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Lydian Care has reviewed its current system for the operational management of missed calls. It has a Missed Calls Policy in place. Additionally Lydian Care's management team have agreed on the implementation of an electronic call monitoring system called 'Ezi tracker' on a trial period in one geographical area. The staff in the area have received training on how to use the system, clients have been informed and roll out is at the beginning of November 2015, the trial will be ongoing for the month of November. The aim of this is to reduce the incidence of Missed Calls within the organisation. Client well-being and safety is paramount and Lydian Care hope this system will allow us to see and manage potential Missed Calls before they occur. We will be able to see in real time and manage safety and well being of service users proactively. Lydian Care hope this will safeguard service users and enhance both client and staff safety. Lydian Care will work in partnership with trust personnel, clients and RQIA regarding this. If the trial is successful we anticipate further rollout company-wide.</p>
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<b>Registered Manager Completing QIP</b>	Fiona Kane	<b>Date Completed</b>	2/11/15
<b>Registered Person Approving QIP</b>	Pierre Burns	<b>Date Approved</b>	2/11/15
<b>RQIA Inspector Assessing Response</b>	Caroline Rix	<b>Date Approved</b>	3/11/15

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**