



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Lydian Care Ltd  
**Establishment ID No:** 10733  
**Date of Inspection:** 15 December 2014  
**Inspector's Name:** Caroline Rix  
**Inspection No:** IN020275

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Lydian Care Ltd
<b>Address:</b>	33 Main Street Newcastle BT33 0AD
<b>Telephone Number:</b>	02843725385
<b>E mail Address:</b>	aspear@lydiancare.com
<b>Registered Organisation / Registered Provider:</b>	Lydian Care Ltd/Pierre Gerard Burns
<b>Registered Manager:</b>	Ann Karen Spear
<b>Person in Charge of the agency at the time of inspection:</b>	Ann Karen Spear
<b>Number of service users:</b>	431
<b>Date and type of previous inspection:</b>	13 February 2014 / Primary Unannounced
<b>Date and time of inspection:</b>	15 December 2014 from 9.30am to 5.10pm. Primary unannounced inspection.
<b>Name of inspector:</b>	Caroline Rix

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	7
Staff	5
Relatives	7
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	40	1 plus 3 after closure date

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **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 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 431 adult service users in their own homes. The service currently employs 156 domiciliary care staff.

Lydian Care had one requirement made during the agency's previous inspection on 13 February 2014. This requirement was found to be 'compliant'. This outcome is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Lydian Care was carried out on 15 December 2014 between the hours of 09.30 and 17.10. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registered manager Ann Spear.

The inspector had the opportunity to meet with five staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

**Two recommendations have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

Forty staff surveys were issued and one was received (plus 3 after the closure date) which is a disappointing response. The registered manager confirmed that all surveys were distributed to staff on receipt.

Staff comments were included on the returned surveys as follows;

'All care is given at a highest standard to all clients and carers ensure all needs are met as per care plan.'

'Excellent standard of care delivered by the agency that cares not only for their clients, but also for their staff.'

'Management are excellent people to work for, fantastic support and treat their employees well, and are also very approachable.'

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with seven service users and seven relatives on 10 and 12 December 2014 to obtain their views of the service being provided by Lydian Care. The service users interviewed live in Portadown and Newcastle, have been using the agency for a period of time ranging from approximately one to four years, receive at least two calls per day and are receiving assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff; however there were mixed results regarding the agency contacting the service users if their carer had been delayed and it would be good practice to do so. The majority of the people interviewed had no concerns regarding the length of calls; one relative felt that some of the carers rush and the matter was discussed with the registered manager during the inspection.

It was good to note that the majority of the people interviewed had no concerns regarding the quality of care being provided by the staff from Lydian Care. All of the people interviewed were aware of whom they should contact if any issues regarding the service arise. Three relatives advised that they had made complaints to the agency; one complaint was in regards to the attitude of one carer and two complaints relating to timekeeping. The majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service; however they were unable to advise the UCO that observation of staff practice had taken place in their home. The matter was discussed with the registered manager during the inspection.

Examples of some of the comments made by service users or their relatives are listed below:

- "Never had cause to complain."
- "Very happy with them."
- "Very pleased with them."
- "We get on well with most carers but I feel that some rush which makes my XXX anxious."
- "The supervisor is very approachable if there are any issues."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of seven service users. Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO therefore there was no documentation to review in this regard.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from Lydian Care; however the medication logs were not being completed consistently. One relative also raised concerns about medication not being consistently given to the service user.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets belonging to a number of service users, the UCO noted that call times were not at the time stated on the care plan. It was also noted that two care plans and risk assessments contain out of date information. One relative advised that the service user was not receiving assistance as specified on their care plan; the above matters were discussed with the registered manager during the inspection and are to be addressed accordingly.

## **Summary**

### **Theme one - Management and control of operations**

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' and the policy on 'Management and Control of the Agency' were reviewed as compliant, reflecting a clear structure regarding management within the agency along with the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process has been developed by the agency and is operational during 2013/14 for all staff.

Review of the agency's 'Staff Supervision, Monitoring Appraisal and Development' policy and procedure was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is recommended in this respect.

Monthly monitoring processes are currently in place and operational. Monthly monitoring reports reviewed for September, October and November 2014 and found to be detailed, concise and compliant.

Records regarding two medication incidents and four vulnerable adult reports were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

#### **One recommendation has been made in relation to this theme**

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.

## **Theme 2 - Records management**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and Reporting Care Practices' which was reviewed during inspection as compliant. The 'Handling Clients Money and Valuables' policy and procedure was reviewed and expanded on day of inspection to include the procedure for emergency shopping, if required.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was reviewed as satisfactory. The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is being addressed with the relevant care managers.

The agency does not currently have any service users who receive financial assistance, but have a policy or procedure in place on 'Handling Clients Money and Valuables'.

**One recommendation has been made in relation to this theme.**

The registered manager is recommended to ensure that records in service user's homes are up to date and consistently completed by care workers.

## **Theme 3 – Recruitment**

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed full compliance with Regulation 13 and schedule 3.

**No requirements or recommendations have been made in respect of this theme.**

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15 (6)(a)	The registered manager is required to expand the 'Protection of Vulnerable Adults' procedure to include reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)'. It is recommended that this procedure is further expanded for staff to include a simplified flowchart of the key steps within the process.	The 'Protection of Vulnerable Adults' procedure viewed dated March 2014 had been updated and includes reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)'. A flowchart had been developed, included within their procedure and a copy provided to all staff via their February 2014 newsletter, emailed and posted out to all staff, and again revisited during updated training in July 2014.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>10 (3)The Registered Manager is a Registered Nurse with live registration. The Registered Manager has 9+ years of experience as a RQIA Registered Manager in Nursing Agency and Domiciliary Services</b></p> <p><b>11 (1) The Registered Manager in April 2012 attended a 3 day residential course on Domiciliary Care Management with Bluebird Care UK The purpose of the course was to examine the requirements of a Care Manager in managing an agency with respect to Regulations, Minimum Standards, clients and staff. The requirements of Schedule 2 were met on recruitment of the manager and present to the RQIA</b></p> <p><b>8.17The Registered Manager in 2012 attended NISCC information day the NISCC and the implementation of training on line.</b></p> <p><b>The Registered Manager in 2012 attended Train the Trainer on Administration of Medications in a Domiciliary Care Setting with ARK</b></p> <p><b>The Registered Manager in November 2013 attended Dementia Awareness Training ( Black Sheep)</b></p>	<p>Compliant</p>

<p><b>The Registered Manager attended in May 2014 Parkinsons Awareness</b>  <b>The Registered Manager has completed Lydian Car on line training modules supported by Safe to Care</b></p> <p><b>The Registered Manager is booked to attend training on the use of Compression Stockings , The use of Contenance Aids , Cascaide Dementia Learning Programe</b>  <b>12.6 All Care Staff complete Mandatory Training as Required in Regulated Services</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The 'Statement of Purpose' dated November 2014 and the policy on 'Management and Control of the Agency' dated January 2014 were reviewed as compliant, reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager, together with two homecare managers, one locality manager, five enhanced senior care workers, and six senior care workers together with care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and appraisal during 2012 and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element as part of the process via 'Safe to Care training service' where certificate will not be issued until the required pass mark had been attained, and then subsequently these had been signed off by the assessor.</p> <p>The registered manager is currently enrolled on a training course 'Best Practice in Dementia Care' programme via Stirling University from February 2015, this additional training is to be commended , and was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NMC with expiry date confirmed as 28 February 2015.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>8.10 Lydian Care conduct audit on working practices</b>  <b>Audit of Client visit notes</b>  <b>Audit of Medication Records</b>  <b>Spot checks on staff attending calls</b>  <b>Review of services with Commissioning Trust Managers</b>  <b>Annual Audit of services all clients questionare</b>  <b>7.13 Medication Errors are reorted in accordance with procedures to the appropriate authorties.</b>  <b>12.9 Following training staff complete evaluation. Staff supervision, spot checks and appraisal with client review on staff proformance are includeded in the quality improvement.</b>  <b>13.5 Staff have recorded appraisal with line management to review performance against Job description and at appraisal agree development plans</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency 'Staff Supervision, Monitoring Appraisal and Development 'policy and procedure dated January 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is recommended in this respect.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for August 2014.</p>	<p>Substantially compliant</p>

Supervision process takes place twice a year and records reviewed for February 2014 and a joint supervision/ appraisal on August 2014, with next appraisal planned December 2014. These records contained appropriate details and a personal development plan.

The inspector reviewed the agency log of six incidents reported through to RQIA over the past year (two medication issues and four vulnerable adult incidents). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matter within appropriate timeframes.

Monthly monitoring reports completed by the registered person were reviewed during inspection for September, October and November 2014 and found to be detailed, concise and compliant. Revision of the report template was completed during inspection to include a staff competency area, for use as appropriate.

The agency had completed their annual quality review for the year 2013/2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Records confirmed that their annual quality report had been posted to all service users in August 2014, had been included within their revised service user guide and shared with both commissioning trusts and care staff.

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>13 (b) Lydian Care recruit when ever possible staff with experience of care provision in a client group, previous employment experiene is desireable but care for family is recognised as having value. All staff have appropriate training, induction and supervision.</b></p> <p><b>7.9 Lydian Care in conjunction with the comissionng trusts adheres to policy and and procedure on seeking additional trainig as required in the administration of medications . This training will be conducted by a Healthcare professional and a record will be kept.</b></p> <p><b>12.3 Staff training needs are assessed at recruitment, supervision and appraisal and arrangements for training are made as required by the role they carry out ,the requirments of standards and best practice. Lydian Care Managers are trained in supervision and perforamance appraisal</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a 'Training and development' policy and procedure dated January 2014 which sits alongside the quarterly training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p>	<p>Compliant</p>

Training records for the three senior staff were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012).

One of the senior staff has also completed training in the areas of supervision and appraisal and this is to be commended. The other senior staffs are due to complete this training as part of their on-going training programme for senior staff.

Each area of training reviewed included a competency assessment element which had been consistently signed off by the assessor. Records reviewed confirmed that additional training deemed appropriate for senior staff had been provided.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>8.10 Lydian Care working practice is audited to comply with policy and procedure. Audit includes annual stake holder review, ongoing service user review, supervision and appraisal of internal staff and care workers. Monthly monitoring by the Registered Manager to include stakeholder feedback. Review of care call records and medication administration records. Complaints handling and review. Action to resolve or amendment to Policy and Procedure is taken and documented. Finding of audit are shared with stakeholders.</b></p> <p><b>7.13 Medication errors and incident are reported in accordance with procedures to all appropriate authorities in a timely manner.</b></p> <p><b>12.9 Lydian Care has developed a post training evaluation of learning and this is reinforced in the shadowing and spot checking of staff. Lydian Care are piloting on line training where staff complete evaluation of learning. Client review, complaints procedures and care worker supervision also inform the quality improvement.</b></p> <p><b>13.5 Lydian Care staff have recorded appraisal with their line manager to review their performance against their job description and then agree personal development plans .</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	

<p>As detailed within criteria 2 above; the agency's 'Staff Supervision, Monitoring Appraisal and Development' policy and procedure dated January 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is recommended in this respect.</p> <p>Appraisal for each of the senior staff currently takes place annually and was reviewed during inspection for 2014. Records viewed confirmed each of the three senior staff had received an annual appraisal. Supervision records within each of the three senior staff files viewed confirmed this process currently takes place in line with their procedure timeframes.</p>	<p>Compliant</p>
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 21 (1) Lydian Care comply and documents from Schedule 4 (11) are retained for inspection.</b>  <b>Regulation 21 (2) Lydian Care maintain a copy of the service user plan in the clients home in accordance with regulations</b>  <b>Standard 5.2 Lydian Care comply and utilise the clients dialy record, communication sheets and retained email and written records, as we develop and introduce our Information systm all communication will be recorded on the client individual soft copy file additionally</b>  <b>Standard 5.6 Lydian Care comply and records where possible are typed ,client care notes are checked for signatures and legibility.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on 'Recording and Reporting Care Practices' dated January 2014 and the 'Restraint' policy and procedure dated December 2014 were all reviewed during inspection as compliant. The 'Handling Clients Money and Valuables' policy and procedure was reviewed and expanded on day of inspection to include the procedure for emergency shopping, if required. The staff handbook viewed, dated February 2014, contains details on each of these subjects, records verified it had been shared with staff via their newsletter, during discussions with senior staff, on the agency's website and via post.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during staff and management discussions.</li> <li>• The agency hold a money agreement within the service user agreement</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within</p>	<p>Substantially compliant</p>

the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members as having been updated annually. Staff discussions during the inspection confirmed that recording and reporting was an element of all annual update training they had received.

The registered manager and senior staff had discussed records management as a regular topic during staff meetings/group supervision. Review of recent staff meeting minute records dated January, February, September and November 2014 evidenced this topic, and the staff newsletters issued regularly from January 2014 evidenced the topic recording/reporting practice reminders.

Review of three service user files during the inspection confirmed appropriate recording in the general notes and medication records.

As part of the home visits the UCO reviewed the documentation kept in the home of seven service users. The majority of visits by the carers were being recorded appropriately on the log sheets, however two care plans and risk assessments contained out of date information and the registered manager has been requested to ensure these are amended accordingly. The records within one service user's home regarding medication were found not to be consistently completed by care staff. The registered manager confirmed that this would be addressed immediately.

The registered manager is recommended to ensure that records in service user's homes are up to date and consistently completed by care workers.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user file during inspection did not evidence restraint within the care plan or risk assessment. However, records confirmed that the agency had requested such documentation from the commissioning trust care manager in October 2014 but had not yet received same. The registered manager discussed the challenges they have in obtaining updated documentation from the trust care managers.

<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 15 (6) Lydian Care have in client files who require assistance with shopping financial transaction records to be completed and remain with the client. The document records money given to staff for shopping ,the cost of shopping and change returned with receipts and the agreement of the client this is correct Lydian Care have a policy and procedure for handling client monies. Lydian Care staff do not collect or manage money for clients unless specified in care planning.</b></p> <p><b>Standard 8.14 Lydian Care have records of amounts paid by or in respect of each service user for all agreed services under contracted and private engagement.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>No service users currently receive assistance with shopping or financial assistance. Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector.</p>	<p>Not applicable</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>THEME 3 Regulation 13 - Recruitment</b>	
<b>Criteria Assessed 1:</b>	<b>COMPLIANCE LEVEL</b>
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant’s identity is confirmed;</li> <li>• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	

<b>Provider's Self-Assessment:</b>	
<p>Regulation 13 Lydian Care asks all candidates to complete an application form with signed declarations. Advertisements request experience and skills and these are assessed at interview by the interview panel of which records are kept. Post offer of employment candidate's complete self-declaration of health that are assessed and Lydian Care reserve the right the contact general practitioners for any issue arising for the self-assessment. All Schedule 3 information is gathered and form part of the recruitment process.</p> <p>Standard 8.21 Lydian Care comply with the standard and Access NI are completed on all candidates prior to engagement and assignment.</p> <p>Standard 11.2 Lydian Care comply with standard fully prior to candidate engagement or assignment</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of the 'Recruitment' policy and procedure dated January 2014 confirmed full compliance with Regulation 13 and Schedule 3.</p> <p>Review of a sample of four staff recruitment files for those appointed during 2014 confirmed compliance with Regulation 13, Schedule 3. The full driving licence and car insurance details were fully compliant for staff. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three out of twenty four complaints received during 2013, and confirmed all had been appropriately managed and resolved. The inspector also reviewed four of the thirty seven complaints records received during 2014 to date, these confirmed each had been appropriately managed and resolved.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the registered person Pierre Burns and the registered manager Ann Spear, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Caroline Rix**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Inspection

Lydian Care Ltd

15 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered person Pierre Burns and the registered manager Ann Spear during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 13.2	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.	Once	Lydian Care have amended and expanded the Policy and Procedure Staff Supervision, Monitoring, Appraisal and Development to include processes for management staff.	Within three months of inspection date.
2	Minimum Standard 5.2 and 5.6	The registered manager is recommended to ensure that records in service user's homes are up to date and consistently completed by care workers.	Once	The Lydian Care Registered Manager will take all necessary steps to ensure service users home records are up to date and consistently completed by care workers. Lydian Care will review the client care progress records format to improve clear and consistent record keeping. Care managers will audit for variance from required standard and ensure the correct documents are in the client home at all times.	Within two months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Ann Spear RN
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Pierre Burns

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Caroline Rix	2/01/15
Further information requested from provider			