

# Announced Care Inspection Report 16 January 2019



## Lucas Love Healthcare

**Type of Service: Domiciliary Care Agency**  
**Address: 92 Victoria Street, Belfast, BT1 3GN**  
**Tel No: 02890668035**  
**Inspector: Joanne Faulkner**

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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**

Lucas Love Healthcare is a domiciliary care agency; the agency’s aim is to provide care to meet the individual assessed needs of service users living in their own homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Lucas Love Healthcare  <b>Responsible Individual:</b> Sinead Maria Polland	<b>Registered Manager:</b> Stuart Johnstone
<b>Person in charge at the time of inspection:</b> Stuart Johnstone	<b>Date manager registered:</b> 16/07/2018

### 4.0 Inspection summary

An announced inspection took place on 16 January 2019 from 14.00 to 17.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to:

- Communication with service users and their relatives
- Staff induction, training and appraisal
- Governance and Quality monitoring systems

This was supported through review of records at inspection and discussions with the registered person, manager, the managing director and administrative staff during the inspection and email correspondence with a relative of one service user,

No areas for improvement were identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the relative of one of the service users, the registered person, the manager, the managing director and administrative 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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Stuart Johnstone, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 18 January 2018**

No further actions were required to be taken following the most recent inspection on 18 January 2018.

#### **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 received by RQIA since the previous inspection

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

- Discussion with the registered person, managing director and manager
- Discussion with administrative staff employed by the agency
- Feedback received from a relative of one service user
- Examination of records
- Evaluation and feedback

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

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Staff induction records
- Staff training records
- Records relating to staff supervision/appraisal
- Records relating to staff registration with regulatory bodies
- Complaints records
- Incident records
- Records relating to Adult Safeguarding
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

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.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

**Comments received from a relative:**

- "I would have to say that I have found everyone in the service to be helpful and courteous in all my dealings with them and that includes the reception staff who answer the phones."
- "The manager, who has been my main contact, has been excellent undertaking house visits to assess our needs and regular updates by phone."
- "What we get from Lucas Love is the ability to plan for days or nights out with appropriately trained staff and this type of cover gives me peace of mind as my \*\*\*\*\* is not able to be left for long periods of time on her own."

Additional feedback received during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the managing director and the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018**

The most recent inspection of the agency was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 18 January 2018**

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that staff previously employed as health care assistants transferred to the agency's domiciliary care agency. The inspector viewed the recruitment records for two staff and noted that they provided evidence that required pre-employment checks had been completed. The manager stated that staff would not be provided for work until all required checks had been satisfactorily completed.

The agency's staff are required to complete a health questionnaire annually; it was noted that the manager signs the record indicating that they deem the staff member to be physically and mentally fit to fulfil the requirements of their job role.

It was identified that the agency's induction programme provided to staff is at least three days as required within the domiciliary care agencies regulations. It was identified that staff are provided with corporate induction, training and shadowing shifts as part of their induction.

The agency provides staff with a job description at the commencement of employment. The agency maintains an electronic register for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The agency's supervision/ appraisal policy details the procedures and timescales to be followed. Records viewed by the inspector indicated that staff had received supervision/ appraisal in accordance with the agency's policies. It was identified that staff development plans are created as part of the process.

The manager and the organisation's compliance officer could describe the process for identifying training needs in conjunction with staff. The inspector noted that domiciliary care workers are required to complete annual training in a range of mandatory areas and if required training specific to the individual needs of service users. The agency has an electronic system for recording staff training; information viewed indicated that staff had completed the required training.

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). The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager and compliance officer indicated that the registration status is currently being monitored on a weekly basis.



The inspector reviewed the agency’s provision for the welfare, care and protection of service users. 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 agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and training records viewed indicated that staff are provided with information in relation to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns. It was noted that staff are required to complete safeguarding training during their induction programme and in addition an annual update; staff are required to satisfactorily complete an assessment following training. Training records viewed by the inspector indicated that staff provided had received training in relation to adult safeguarding.

Discussions with the manager and records viewed evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had made no referrals since the previous inspection.

It was identified that the agency is not currently supplying staff; the manager stated that staff are provided as required. It was noted that the agency has a system for obtaining the required referral information so as to determine the care and support required.

The agency’s office accommodation is located in Belfast; the offices are suitable for the operation of the agency as described in the Statement of Purpose. It was noted that during the inspection records were stored securely and in a well organised manner and that PC’s were password protected.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 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 agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided. It was identified that the a range of the agency’s key documents and policies were required to be reviewed and updated

to include the current RQIA contact details; assurances were provided by the manager that this would be actioned.

The agency’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 a well organised and secure manner.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered; there is a system for the completion of monthly quality monitoring audits.

The inspector viewed the agency’s quality monitoring reports of the audits completed by the registered person. It was noted that the reports relate to both of the organisation’s regulated services; the inspector discussed with the manager and registered person the need to ensure that the reports clearly identify matters reviewed for each of the services. Assurances were provided that reports would be amended to clearly reflect which of the services the information was relating to. It was noted that the reports included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements and complaints.

The agency’s systems to promote effective communication with relevant stakeholders were assessed during the inspection. The manager could describe the processes used to develop and maintain effective working relationships with the service users and their relatives.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication and engagement with service users and relatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 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 was assessed during the inspection.

It was identified that staff receive information relating to human rights and confidentiality during their induction programme. Discussions with the manager, a relative and administration staff 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 is provided.



The manager stated that staff are introduced to service users prior to commencement of the service; it was identified that the agency is currently supplying staff to one service user as required. The manager stated that feedback is sought by the agency with the aim to obtain information from service users and where appropriate their relatives in relation to the care and support provided. The inspector viewed feedback which had been obtained following the provision of the service and noted that comments provided were positive.

It was identified from care records viewed that the agency had endeavoured to involve the service user and their relative in the development of care and support plans.

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. It was identified that staff had completed training on dignity, respect and equality during their induction programme. The manager could describe how staff development and training equips staff to engage with a diverse range of service users.

Records viewed and discussions with the manager, provided evidence of the methods used to obtain and record comments made by service users and their representatives. Records of feedback forms and reports of quality monitoring visits viewed, indicated engagement with service users, relatives and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency’s complaints/compliments process, quality monitoring audits and feedback received from customer satisfaction surveys.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the effective engagement with service users, relatives and relevant stakeholders with the aim identifying areas for improving the quality of the service provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed management and governance systems in place within the agency. The agency is managed on a day to day basis by the manager supported by a team of administrative staff. The agency's domiciliary care workers are informed of the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained in the agency's office. It was noted that the agency's key policies are provided to staff in the staff handbook. Policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards; however assurances were provided that the telephone contact details for RQIA would be updated in the relevant policies as required.

The agency's complaints policy outlines the process for managing complaints; discussions with the registered person, manager and administrative staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received information in relation to management of complaints during their induction programme.

The agency has a system for maintaining a record of complaints received; it was identified from records viewed and discussions with the manager that the agency has received no complaints since the previous inspection. Complaints are audited on a monthly basis as part of the organisation's quality monitoring system.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of the service provided. Documentation viewed and discussions with the registered person and manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monthly monitoring of complaints, accidents, safeguarding incidents and incidents notifiable to RQIA.

It was identified from documentation viewed that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring compliance levels of staff training, appraisal, and registration status with NISCC and the review of incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training and appraisal. The manager could clearly describe the rationale for regularly monitoring the quality of the services provided with the aim of improving quality.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Domiciliary care workers are supplied with a job description and details of the process for obtaining support and guidance including out of hours arrangements.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. On the date of inspection the certificate of registration was on display and reflective of the service provided.

**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 and the systems for the management of complaints and incidents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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