

Announced Care Inspection Report 18 January 2018



Lucas Love Healthcare

Type of Service: Domiciliary Care Agency
Address: 92 Victoria Street, Belfast, BT1 3GN
Tel No: 02890668035
Inspectors: Joanne Faulkner
Marie McCann
User Consultation Officer (UCO): Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Lucas Love Healthcare is a domiciliary care agency. The agency's aim is to provide care to meet the individual assessed needs of people living in their own homes.

3.0 Service details

Organisation/Registered Provider: Lucas Love Healthcare/ Sinead Polland	Registered Manager: Hilary Elizabeth Rowell
Person in charge at the time of inspection: Sinead Polland	Date manager registered: 27/09/2017

4.0 Inspection summary

An announced inspection took place on 18 January 2018 from 13.00 to 17.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, staff induction, supervision and appraisal, communication with service users and other relevant stakeholders, and the complaints process.

No areas for improvement were identified.

Comments made by the relatives of service users are included within the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sinead Polland, registered person, 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 6 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 October 2016.

5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with administrative staff and service users
- Evaluation and feedback
- UCO report

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspectors met with the registered person, the Business Development Manager, the Operations Manager, a care co-ordinator and the agency's compliance officer.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Records Management Policy
- Statement of Purpose
- Service User Guide

At the request of the inspectors, the person in charge was asked to display a poster within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

Prior to the inspection on 12 January 2018 the (UCO) spoke with the relatives of six service users, by telephone, to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Assistance with eating
- Sitting service

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspectors would like to thank the registered person, administrative staff, the service users’ relatives and RQIA’s UCO, for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 October 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 6 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered person/manager should develop staff guidance regarding recording and reporting circumstances where calls are running late or may be missed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspectors viewed the agency’s policy relating to Late/Missed calls; it details the</p>	

	actions required by staff in the event of a late or missed call. It was identified that the agency's Staff handbook which is provided to all staff contains information relating to this matter.	
Recommendation 2 Ref: Standard 8.11 Stated: First time	The registered person/manager should monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis.	Met
	Action taken as confirmed during the inspection: It was identified that the agency completes a report on a monthly basis in relation to the monitoring of the quality of the services provided.	

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 inspectors reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are satisfactorily completed prior to commencement of employment. The agency's staff recruitment process is managed by the organisation's compliance team. During the inspection the inspectors reviewed a number of staff personnel records; those viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with the person in charge indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed and verified.

Staff records retained at the agency's office were noted to be retained securely and in an organised manner.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete on line induction in a range of mandatory areas and in addition shadow other staff during their induction period. The agency retains a record of staff induction.

Discussions with the person in charge and administrative staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and

experienced persons available to meet the assessed needs of the service users. The inspectors viewed the agency's electronic staff rota information and noted it reflected staffing arrangements as described by the person in charge.

Following the inspection RQIA were provided with an updated copy of the agency's staff supervision and appraisal policy which was noted to detail the timescales and procedures to be followed. It was noted that supervision can take the form of one to one supervision, direct observation of staff or group supervision. The agency retains a record of staff supervision and appraisal; those viewed by the inspectors indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The agency maintains an electronic record of training completed by staff; records viewed indicated that staff had complete training relevant to their job roles. Staff are required to complete a range of mandatory training and training specific to the needs of individual service users. The agency's compliance officer could describe the process for identifying training needs and for ensuring that required training updates are completed by staff. It was identified that staff are not provided to work if training updates have not been completed. This information is audited by the compliance officer and the person completing the agency's monthly quality monitoring assessment.

The inspectors reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has updated its policy and procedures to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the procedure for staff in relation to reporting concerns.

The agency retains 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. Documentation viewed and discussions with the person in charge indicated that the agency has acted in accordance with their current procedures in relation to identified adult protection matters.

It was identified that staff are required to complete adult protection training during their induction programme and an annual update. Records viewed indicated that staff had completed the required training. The person in charge demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was identified that prior to providing a service the agency request that risk assessments and care plans are provided by the referring HSCT keyworker.

The person in charge described how service users are involved in the development and review of their care plans. Staff record the care and support provided to service users at each visit.

It was noted that on a number of occasions care staff had not recorded the date or time of the entry made on care records or signed the record; this was discussed with the person in charge and following the inspection the inspectors were provided with written assurances that care staff had been reminded of the importance of accurate record keeping. From records viewed it was identified that service users have an annual review involving their HSCT keyworker and care plans are reviewed and updated as required.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

The UCO was advised by all of the relatives spoken to that there were no concerns regarding the safety of care and they could approach the carers and office staff if necessary. They indicated that new carer staff 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 that the new carer had knowledge of the required care. No issues regarding the carers’ training were raised with the UCO by the relatives interviewed.

Examples of some of the comments made by the relatives are listed below:

- “Couldn’t do without them.”
- “No concerns at all.”
- “Doing a good job.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, supervision, appraisal, and adult protection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s management of records policy details the procedures for the creation, storage and retention of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel and electronic records viewed by the inspectors were noted to be maintained in an organised manner and retained securely.

The person in charge could describe the methods used for supporting service users to be involved in matters relating to their care; it was noted that service users are provided with a copy of their care plan during the agency’s initial monitoring visit.

The inspectors reviewed the agency’s arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place to assist in the monitoring of the quality of the service provided; it was noted that the process involves a monthly audit being completed by the registered person.

The process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

The inspectors viewed questionnaires completed by service users in relation to the quality of the service provided.

Comments recorded in questionnaires.

- 'It's faultless and very helpful.'
- 'Care I receive is 10 out of 10.'
- 'They are pleasant and caring.'
- 'I am kept informed of any changes.'

Records of monthly quality monitoring visits were noted to include details of the review of the agency's systems. The documentation includes details of the review of accidents, incidents or safeguarding referrals, complaints, and staffing arrangements. It was noted that the monthly report also relates to the organisation's nursing agency; the inspectors discussed the benefits of identifying clearly the matters that relate specifically to the domiciliary care agency within the monthly report.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the person in charge, administrative staff and the relatives of service users indicated that staff communicate appropriately with service users.

Discussions with the person in charge and staff demonstrated that they endeavour to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. The inspectors viewed evidence of engagement between the agency's staff and HSCT keyworkers.

The UCO was informed by the relatives spoken to that there were no concerns regarding the care workers timekeeping. Although there have been a small number of missed calls, it was acknowledged that all except one missed call was due to extreme weather. One relative advised that a complaint had been made as they had not been contacted by the agency regarding a missed call. This matter was discussed with the business development officer prior to the inspection; during the inspection the inspectors were provided with assurances that the matter was being addressed appropriately.

It was identified that service users are usually introduced to new carers by a regular member of staff. The relatives advised that home visits or phone calls have taken place to obtain their views on the service.

Examples of some of the comments made by the relatives are listed below:

- "Everything's going ok."
- "Happy with the service."
- "No complaints."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, and communication with service users and relevant representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection assessed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with the person in charge and administrative staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation. It was identified that staff are required to sign a confidentiality compliance form; information relating to confidentiality is contained in the agency's staff handbook.

There are a range of systems in place to promote effective engagement with service users in conjunction with the HSCT community keyworker; they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. It was identified that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has processes in place to record comments made by service users; records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspectors provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the relatives spoken to by the UCO felt that care was compassionate. The relatives advised that carers treat them with dignity and respect, and care has not been provided in a rushed manner. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits or phone calls. Examples of some of the comments made by the relatives are listed below:

- "Great girl. Has built a good rapport with XXX."
- "No issues with confidentiality."
- "If anything is wrong, they let us know."

Areas of good practice

There were examples of good practice identified in relation to the agency's processes for engaging with service users and effective communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis the registered manager and a team of administrators. The person in charge could describe the process in place to ensure that staff can access support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in a paper format stored in the agency’s office. Staff are provided with a range of key policies and procedures and a staff handbook. During the inspection the inspectors viewed a number of the organisation’s policies; it was identified that those viewed had been reviewed and updated in accordance with timescales for review as outlined within the minimum standards.

The agency’s complaints policy outlines the process for managing complaints; discussions with the person in charge indicated that they had a clear understanding of the actions required in the event of a complaint being received. It was noted that staff receive information in relation to managing complaints during their induction process.

The agency retains a record of complaints or compliments received and in addition a complaints log is maintained. It was noted from discussions with staff and records viewed that the agency has received a number of complaints since the previous inspection. The inspectors identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and has a process to record of the outcome of the investigation of any complaints received. The person in charge stated that the agency is required to provide a monthly report to the HSCT contracts department in relation to complaints, incidents and adult safeguarding matters.

The agency’s procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit by the registered person of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

Documentation viewed and discussions with the person in charge indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints. During the inspection the inspectors viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The person in charge stated that staff are provided with a job description at the commencement of their employment. Staff are provided with information relating to raising concerns and the agency’s whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC); the agency has an electronic system for recording registration status of staff with regulatory bodies. The compliance officer described the process for ensuring that staff not appropriately registered are not provided to work.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

All of the relatives spoken to confirmed that they are aware of whom they should contact if they have any concerns regarding the service.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)