

# Inspection Report

26 October 2022



## Lucas Love Healthcare

Type of service: Domiciliary  
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Telephone number: 02890668035

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Lucas Love Healthcare	<b>Registered Manager:</b> Mrs Nicola Anne McLean
<b>Responsible Individual:</b> Mrs Wendy Chambers	<b>Date registered:</b> 19 July 2019
<b>Person in charge at the time of inspection:</b> Mrs Nicola Anne McLean	
<b>Brief description of the accommodation/how the service operates:</b>  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.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 October 2022 between 9.45 a.m. and 1 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

No areas for improvement were identified.

Good practice was identified in relation to the person-centred care plans. There were good governance and management arrangements in place.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### **4.0 What people told us about the service?**

Whilst we did not speak with any of the service users, relatives or staff, there was evidence of regular consultation within the quality monitoring reports and contacts between the agency and the service users' family members. There had been no concerns identified through this process.

No responses were received to the electronic survey or questionnaires.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 or 2021-2022 inspection years, due to the impact of the first surge of Covid-19. The last inspection was undertaken on 16 January 2019 by a care inspector; no areas for improvement were identified.

##### **5.2 Inspection findings**

###### **5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). Whilst there had been no safeguarding matters raised since the last inspection, the manager agreed to complete the Annual Safeguarding Position Report, which will be reviewed at future inspection.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and annually thereafter.

No concerns had been raised to the manager under the whistleblowing policy.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. There were no service users requiring the use of specialised equipment to assist them with moving. Should this be required in the future, this would be provided to staff.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

DoLS information was available for staff to reference.

### **5.2.2 What are the arrangements for ensuring the service users are getting the right care at the right time?**

The service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

We were unable to review the records relating to the delivery of care as they were retained in the service user's home.

The manager was advised that a system should be put in place to ensure timely retrieval of such records. The review of the care plan identified that it was person-centred and reflected the service user's preferences. However, the care plan required to be updated to reflect changes to the frequency of calls. The terms of business also did not include the fee payable by the service user to the agency. It was confirmed to RQIA by email on 31 2022, that these matters had been followed up; we were satisfied that this had been addressed.

There was a system in place for reporting any instance where staff were unable to gain access to a service user's home.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that there were no service users who had swallowing difficulties. A review of training records confirmed that staff had completed training in Dysphagia; this also included First Aid training which included training on how staff should respond to any choking incidents.

### **5.2.4 Are there robust systems in place for staff recruitment?**

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff completed a structured orientation and induction. Advice was given in relation to further developing the registration checklist to ensure that it more explicitly detailed the NISCC' Induction Standards for new workers in social care.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. Advice was given in relation to the need for the monthly quality monitoring report to include only information pertaining to the domiciliary care agency, and not to include information pertaining to Health care assistants, who do not fall under RQIA's regulation.

The agency's registration certificate was up to date and displayed appropriately along with evidence of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The manager advised that no complaints had been made to the Northern Ireland Public Services Ombudsman (NIPSO) about the agency.

## **7.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nicola McLean, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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