

Unannounced Care Inspection Report 6 October 2016



Lucas Love Healthcare

Type of service: Domiciliary Care Agency
Address: 161-163 Victoria Street, Belfast BT1 4PE
Tel no: 02890668035
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lucas Love Healthcare took place on 6 October 2016 from 09.50 to 14.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme, to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The registered person/manager should develop staff guidance regarding recording and reporting circumstances where calls are running late or may be missed.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

However, one area for quality improvement was identified. The registered person/manager should monitor the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sinead Polland the registered person/manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Lucas Love Healthcare/Sinead Maria Polland	Registered manager: Sinead Maria Polland
Person in charge of the service at the time of inspection: Sinead Maria Polland	Date manager registered: 26 September 2011

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

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

- Discussion with the registered person/manager
- Examination of records
- File audits
- Evaluation and feedback

The inspector spoke with three service users' representatives by telephone on 6 October and 7 October 2016 to obtain their views of the service. The service users interviewed informed the inspector that they received assistance with the following:

- Personal care

- Sitting service

The registered person/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. No completed staff questionnaires were returned to RQIA which was disappointing.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Three service user daily recording logs
- Three service user records in respect of the agency quality monitoring contacts
- Three staff recruitment and induction records
- Staff training schedule and records
- Three staff quality monitoring records
- Service user compliments received during 2016
- Complaint log and records
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 14 December 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides services to 25 service users living in their own homes. The inspector reviewed staffing arrangements within the agency.

A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

The inspector viewed three staff files; each sampled related to a recently appointed care worker which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each of the three staff members. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The inspector was advised by all of the service users' relatives interviewed that there were no concerns regarding the safety of care being provided by Lucas Love Healthcare staff. New carers are usually introduced to the service user by a regular member of staff; this was felt to be

important both in terms of the service user's security and the carer's knowledge of the care required.

No issues regarding the care workers' training were raised with the inspector; service users' relatives discussed examples of care delivered by staff that included use of equipment and supporting them to remain independent. All of the service users' relatives interviewed confirmed that if they had a concern they could approach carer workers and/or office staff.

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

- "The carers are very trustworthy; I know my relative feels relaxed when they are here."
- "I feel they treat my relative and my home with respect."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Protection of Vulnerable Adults and Safeguarding Children' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person/manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's 'Whistleblowing Policy and Procedure' was found to be satisfactory.

Staff training in the area of safeguarding adults and whistleblowing takes place two yearly for all staff. Training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. A competency assessment tool is in place post staff training and records were reviewed in three care worker files which confirmed appropriate post training assessments had been completed.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The inspector was informed by the service users relatives interviewed that there were no concerns regarding carers' timekeeping and that care was not felt to have been rushed. The service users also advised that they had not experienced any missed calls from the agency.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

The service users' relatives confirmed that management from the agency carry out home visits and regular phone calls asking for their views on the service. One of the service users relatives interviewed by the inspector confirmed that they are involved in trust reviews regarding the care package.

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

- "We were fully involved in agreeing the care plan; they listened to our wishes."
- "The girls are very reliable, arrive exactly on time; it's most important for my relative's medication."

A sample of three service user files viewed by the inspector confirmed that the agency manager had carried out care review meetings with service users/relatives to ensure service user needs were being met. The registered person/manager explained that as their service provision commenced in May 2016 they have not yet been invited to attend or contribute in writing to the commissioning trust annual care review meetings with service users/representatives. Service user files contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments requested.

The agency's policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed three completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered person/manager with no practice issues identified.

The registered person/manager is recommended to develop staff guidance regarding recording and reporting circumstances where calls are running late or may be missed. The registered person/manager confirmed that no service user calls had been missed since services commenced in May 2016. A procedure is in place regarding staff action to be taken in the event of being unable to gain access to a service user's home.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The complaints log was viewed for 2016 up to inspection date 6 October 2016, with one complaint received during this time. The records evidenced that this complaint had been appropriately managed and the practice matter addressed with the staff member involved.

Areas for improvement

One area for improvement was identified during the inspection. The registered person/manager is recommended to develop staff guidance regarding recording and reporting circumstances where calls are running late or may be missed.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

All of the service users' relatives interviewed by the inspector indicated that care was compassionate, that care workers treat the service user with dignity and respect, and care was never being rushed. Service users' relatives reported that as far as possible, the service users were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits and phone calls on a regular basis to ensure satisfaction with the care being provided. Examples of some of the comments made by service users' relatives are listed below:

- "The service provided is very good; the girls are most caring."
- "We appreciate the little things the girls do, even setting my relatives hair in the style she likes."
- "The girls are so good; they give my relative time and a bit of dignity, they are caring and thoughtful."

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

The agency implements service user quality monitoring practices on an ongoing basis, through home visits and telephone contacts. Records reviewed during inspection support ongoing review of service users' needs with evidence of revised care and support plans, where identified.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person/manager, Sinead Polland, the agency provides domiciliary care to 25 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided, along with a clear organisational structure within the agency.

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. The arrangements for policies and procedures to be reviewed at least every three years was found to be in place and had been implemented consistently, with procedures sampled having been reviewed in December 2015.

All of the service users' relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. The complaints log was viewed for 2016 to date, with one complaint received and appropriately managed.

The agency's details of compliments received since May 2016 were not being recorded; the responsible person confirmed verbal compliments have been received, and the value of recording and sharing feedback with care workers was discussed with the registered person/manager.

Discussion with the registered person/manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One notification report had been made during 2016; records evidenced that the matter had been appropriately managed.

The registered person/manager confirmed that monthly monitoring reports had not been completed since services commenced in May 2016. This area was discussed with the registered person/manager who gave an assurance that she had been monitoring the quality of service provided. The inspector has recommended that the registered person/manager completes monthly reports in accordance with minimum standards.

The inspector discussed the agency's annual quality review process with the registered person/manager who confirmed they plan to request service user/staff and commissioners' views via satisfaction questionnaires in spring 2017, when they have been providing services for a full year, and complete and share a report on the feedback received.

Areas for improvement

One area for improvement was identified during the inspection. The registered person/manager is recommended to complete monthly monitoring reports on the quality of service being provided.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sinead Polland, registered person/manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 5.3

Stated: First time

To be completed by:
6 November 2016

The registered person/manager should develop staff guidance regarding recording and reporting circumstances where calls are running late or may be missed.

Response by registered provider detailing the actions taken:
Instructions on recording and reporting circumstances where calls are running late or may be missed has been communicated to care staff.

Recommendation 2

Ref: Standard 8.11

Stated: First time

To be completed by:
November 2016 and
on-going

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.

Response by registered provider detailing the actions taken:
A monthly monitoring report is in situ and ongoing.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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