The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lucas Love Healthcare

Provider: Lucas Love Healthcare

Date of Inspection: 29 April 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Lucas Love Healthcare
Responsible Individual/Responsible Person:	Ms Catherine Jaffery
Registered Manager:	Mrs Nicola McLean
Service Profile – Lucas Love Healthcare is a domiciliary care agency, the aim of which is to provide care to meet the individual assessed needs of service users living in their own homes. The agency currently provides service to one service user on a private arrangement.	

2.0 Inspection summary

An unannounced inspection was undertaken on 29 April 2025 from 11.00 am to 3.00 pm 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 was also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to care records and service user involvement. There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those working and receiving a service from the agency and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards. Information was made available 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.

3.2 What people told us about the service and their quality of life

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports.

One relative we spoke with indicated they were satisfied with the support provided to their loved one and had no concerns about the level of care provided.

4.0 Inspection findings

4.1 What are the 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 policy and 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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the person in charge 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. No adult safeguarding concerns had been raised since the last inspection.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The policy for accident/incident management was reviewed and found to be satisfactory. The person in charge advised that no accidents or incidents had occurred since the last inspection. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

A review of the documentation held relating to the MCA noted that this referenced the legislation applicable to England. This has since been replaced with documentation specific to Northern Ireland MCA legislation. The person in charge has also confirmed that staff have completed the requisite Northern Ireland MCA training appropriate to their job roles.

There were no service users who were subject to DoLS or restrictive practices.

4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified 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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers deployed within the agency.

There was evidence that staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme. Written records were retained by the agency of all training, including induction and professional development activities undertaken.

4.4 Staff Training and Development

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular refresher training to ensure the agency safely and continually meets the needs of service users.

The agency maintained an electronic record of all training and development activities undertaken. A review of staff training records confirmed that all staff had been provided with adequate training commensurate with their role on commencement of their employment. It was positive to note that the agency required all staff to complete a refresher course for all mandatory training on a yearly basis.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified the agency were able to provide assistance in relation to administering liquid medicines. The manager confirmed that staff receive a separate competency assessment prior to assisting with the task of administering oral medication in liquid form.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

4.5 Care Records and Service User Input

A sample of service users' care records were examined and contained detailed information about the level of support required with evidence of person centred individualised care planning taking into account individual preferences and choice. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate.

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.

4.6 Governance & Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.
The Annual Quality Report was reviewed and was satisfactory.

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

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to manage complaints in accordance with the agency's policy and procedure. No complaints had been received since the last inspection.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews