The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lucas Love Healthcare

Provider: Lucas Love Healthcare

Date of Inspection: 1 May 2026

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 Person:	Ms Catherine Jaffrey
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 service users by private arrangement.	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 May 2026 between 9.20 and 1.20pm by a care Inspector.

The last care inspection of the agency was undertaken on 29 April 2025 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users.

There were no new areas for improvement identified during this inspection. The findings of the inspection are discussed within the body of this report.

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 the 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 seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency and HSC staff. A review of a sample of records is also undertaken to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

As part of the inspection process we spoke with relatives and staff members.

Relatives who spoke with the Inspector said that they were very satisfied with the standard of care provided to their loved one by carers who were understanding and gentle in their approach.

Staff consulted with spoke very positively in regard to the care delivery, training and managerial support provided by the agency. Staff said that the service users receive a good service.

3.3 Inspection findings

3.3.1 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.

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 person in charge advised that there had been no safeguarding concerns raised or referrals made to the HSC Trust in relation to adult safeguarding since the last inspection. They were aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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. They were aware that RQIA must be informed of any incident that is reported to the Police Service of Northern Ireland (PSNI).

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

3.3.2 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge confirmed that there were no service users who were subject to DoLS within the agency.

There was a restrictive practice policy in place however the person in charge said there were no service users who were subject to restrictive practices by the agency.

3.3.3 Staff Recruitment, Induction and Training Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that 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); there was a system in place for professional registrations to be monitored by the person in charge. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Staff were provided with training appropriate to the requirements of their role as part of induction to the agency. This was refreshed yearly and it was positive to note that a report is completed daily to ensure staff remain up to date with their training requirements. Staff also said they felt the agency paid close attention to their training needs and that they were given timely reminders if any training was due to lapse.

A review of the agency's induction records for newly appointed staff did not that evidence that staff had completed a structured orientation and induction reflective of NISCC's Induction Standards for new workers in social care. Discussion with the person in charge and a review of initial training records did however provide evidence that each staff member had completed an initial training programme that consisted of both online and face- to- face training to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. An introductory meeting with service users was also arranged with the manager to

ensure staff were fully briefed on the care duties and tasks to be undertaken as part of their caring role. Documentation was also shared with the Inspector after the inspection recording the dates in which a robust induction by each staff member was undertaken and will be used for any future staff inducted to the agency moving forward.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. Fire safety training was refreshed twice yearly. All staff had been provided with training in relation to medicines management.

3.3.4 Care Records and Service User Input

A sample of service users' care records examined confirmed that these contained sufficient information about the level of support required and that moving and handling risk assessments and care plans were up to date.

There was evidence that interventions and assessments requested from the multi-disciplinary team were proactive, timely and shared with staff as 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.

3.3.5 Governance and 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.

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.

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

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