



Announced Care Inspection Report 16 January 2019



Lucas Love Healthcare

Type of Service: Nursing Agency
Address: 92 Victoria Street, Belfast, BT1 3GN
Tel No: 02890668035
Inspector: Joanne Faulkner

www.rqia.org.uk

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 nursing agency operating from premises located in Belfast city centre. The agency currently supplies nurses to private nursing homes and Health and Social Care Trust (HSCT) facilities in the Belfast HSCT and Northern HSCT areas.

3.0 Service details

Organisation/Registered Provider: Lucas Love Healthcare Responsible Individual: Sinead Maria Polland	Registered Manager: Nicola Anne McLean
Person in charge at the time of inspection: Nicola Anne McLean	Date manager registered: 07/08/2015

4.0 Inspection summary

An announced inspection took place on 16 January 2019 from 10.00 to 14.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection determined 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, induction, training and appraisal; the agency's quality monitoring process and engagement with service users and other relevant stakeholders.

No areas for improvement were identified during the inspection.

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 the managing director, 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 18 January 2018

No further actions were required to be taken following the most recent inspection on 18 January 2018.

5.0 How we inspect

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

- discussions with the managing director, manager, registered person and administrative staff
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff supervision and appraisal
- Records relating to Adult Protection
- Service user feedback records
- Monthly quality monitoring reports
- Complaints records
- Incident records
- Statement of Purpose

A range of policies and procedures viewed during the inspection were noted to have been issued or reviewed within the timescales as outlined within the minimum standards.

During the inspection the inspector met with the registered person, the managing director, the manager and administrative staff.

At the request of the inspector, the manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The inspector would like to thank the registered person, manager, managing director and administration staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the managing director, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing arrangements in place within the agency were reviewed by the inspector. The agency's recruitment policy details the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment or supply of staff. The manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified by them.

Staff records viewed during the inspection indicated that the required checks had been completed prior to the commencement of employment and details of checks are retained in individual staff files. It was noted that the information relating to the checks is reviewed and verified by the manager and from records viewed by the inspector it was noted that audits of the information had been completed. Discussion with the manager and documentation viewed indicated that the agency's recruitment process is robust.

Registered nurses supplied by the agency are required to successfully complete the recruitment process and initial induction and training in a range of mandatory areas, prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process. It was noted that staff are required to successfully complete an evaluation of all E-learning training modules undertaken.

The inspector identified that staff are provided with induction information which was noted to include the agency's staff handbook, a job description, and key policies. In addition the agency requires that registered nurses receive an induction at the commencement of each work placement.

The manager and the agency's healthcare recruitment and compliance officer stated that staff are not permitted to work if training updates have not been completed. Paper and electronic records viewed during the inspection indicated that registered nurses are not provided until the required pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required. The manager and the healthcare recruitment and compliance officer stated that registered nurses are not provided with work placements if required training updates have not been completed. The inspector viewed the agency's electronic system for recording compliance of staff training; it was noted that staff cannot be supplied for work if necessary training is not completed.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal; the manager stated that registered nurses are required to participate in annual supervision/appraisal. The manager stated when concerns are identified in relation to staff practice additional supervision may be required. Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the agency's procedures. It was identified that feedback received from service users in relation to individual staff is discussed with the registered nurse during the appraisal processes.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The organisation's operations manager is the identified Adult Safeguarding Champion (ASC).

The manager stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The manager and ASC could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. It was noted that the monthly quality monitoring audit process includes the review of referrals made in relation to adult protection matters.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; those viewed were noted to contain detailed notes of referrals made and actions taken. Records viewed indicated that the agency had managed identified safeguarding matters in accordance with their policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the induction process. The manager could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills and suitability of the nurse to be provided.

The agency provides service users with relevant staff profiles when confirmation of a shift is provided; those viewed were noted to include details of skills/competencies, experience, training and registration status with the Nursing and Midwifery Council (NMC). The operations manager stated that the profiles are currently being updated to include additional information such as date of training and expiry dates of registration status with NMC.

The agency has a system for monitoring and recording the registration status of nurses with the NMC. The manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and in addition to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status, expiry dates and revalidation dates electronically.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided.

Comments received from feedback forms

- "Very reliable and trustworthy team member; well-liked by staff and residents."
- "As a long term bank employee she knows the home and procedures thoroughly, which is an added bonus."
- "Skilled nurse, very pleasant to residents and staff."
- "**** was pro-active and lead the team well. Experience showed and able to conduct herself in a calm manner."
- "**** has covered shifts here over the past year and is always reliable, flexible and carries out all duties in a professional manner."

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in a well organised manner; personal computers (PC's) were noted to be password protected. The manager could describe the additional measures taken to ensure compliance with General Data Protection Regulation (GDPR).

Areas of good practice

Areas of good practice were identified in relation to the agency's staff recruitment, induction, training, appraisal processes and management of adult protection matters.

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 inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose.

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the registered person, the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents, incidents and referrals relating to adult protection. The manager meets weekly with the registered person to discuss the effectiveness of the service provided and to review any identified matters of concern.

Monthly quality monitoring audits are completed by the registered person and a monthly report developed. The reports contain details of the review of incidents, complaints and safeguarding referrals; feedback received by the agency are reviewed as part of the process.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and administrative staff provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and regular phone contact with service users.

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective. It was identified that the agency has on occasions made referrals to the NMC in relation to the practice of individual staff nurses; detailed records were noted to have been retained.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

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?

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

It was noted that the agency's staff handbook and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures including the agency's confidentiality policy. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback proforma for staff provided. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process and telephone contact with service users to obtain their views as to the quality of the service provided and feedback on staff performance.

Discussions with the registered person, manager and administrative staff during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The agency's 'Whistleblowing Policy' provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, and the promotion of values such as confidentiality, dignity and respect.

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's management and governance systems in place to meet the needs of service users were reviewed. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Policies are retained both electronically and in a paper format stored within the agency's office. It was identified that a number of policies were required to be reviewed to include the recently updated contact details for RQIA; assurances were provided to the inspector that this would be actioned. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency's office.

Discussions with the manager and administrative staff, and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. They include the provision of required policies and procedures, provision of induction and training update; monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding referrals and accidents and incidents including those notifiable to RQIA and review of feedback received.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their policy and procedures. Discussions with the registered person and manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints. It was noted that staff are provided with information during their induction programme in relation to handling complaints.

Records viewed by the inspector indicated that the agency has a robust process for recording details of complaints received and the actions taken, and in addition for reviewing complaints on a monthly basis as part of the quality monitoring process. Records viewed were noted to contain comprehensive accounts of the outcome of the investigation of the complaint received and any further actions taken by the agency.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. A number of incidents have been reported appropriately to RQIA since the previous care inspection.

The inspector identified that the agency has management and governance systems in place to drive quality improvement. The agency's arrangements for the ongoing monitoring of incidents and complaints were reviewed. The manager stated that the agency has a process for regularly reviewing the service provided to identify areas for improvement.

Electronic and paper records viewed by the inspector provided evidence of appropriate staff induction, training, supervision and appraisal.

The agency has a system for recording staff training and a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the NMC. It was identified that staff are required to complete annual updates of all mandatory training with the exception of fire training which is updated six monthly.

The organisational and management structure of the agency as outlined in the Statement of Purpose identifies lines of accountability and the roles of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

The agency's Statement of Purpose and Service User Guide are kept under review. It was identified that the records were required to be reviewed to include the updated contact details for RQIA; assurances were provided to the inspector that this would be actioned.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussions with the registered person, manager and administrative staff provided evidence that the agency promotes effective collaborative working relationships with service users. It was identified that the agency has processes for ensuring that they actively seek feedback from service users following staff having been provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's governance arrangements, engagement with stakeholders, monitoring of compliance and the management and monitoring of complaints and incidents.

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.



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