

Announced Care Inspection Report 16 February 2017



Lucas Love Healthcare

Type of Service: Nursing Agency
Address: 161-163 Victoria Street, Belfast BT1 4PE
Tel No: 02890668035
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Lucas Love Healthcare took place on 16 February 2017 from 10.30 to 15.00.

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

Is care safe?

Delivery of safe care was evident on inspection. There was evidence that the nursing agency operates robust recruitment systems and ensures the supply of appropriately skilled and competent staff at all times. The welfare, care and protection of patients is ensured through identification of safeguarding issues; implementation of safeguarding procedures; and working in partnership with the service users, HSCT representatives and relevant stakeholders. The agency has systems in place to ensure the identification, prevention and management of risk. It was noted that the agency is responsive to the requirements of service users. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency has in place effective systems for the review and monitoring of the quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There are systems in place to promote effective communication with service users and relevant stakeholders. It was evident that the agency seeks to maintain effective working relationships with service users and that the agency responds effectively to meet the specific needs of service users which has resulted in positive outcomes. No areas for improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views of service users. It was noted from observations made and discussion with staff that the agency seeks to obtain and value the views of service users. The agency has systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place effective management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and service users and operate the agency in accordance with the Regulations and Minimum Standards. Evidence of effective working partnerships with service users was evident during the inspection. No areas for improvement were identified during the inspection.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Nicola Anne McLean, registered manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 March 2016.

2.0 Service details

Registered organisation/registered person: Lucas Love Healthcare/Sinead Maria Polland	Registered manager: Nicola Anne McLean
Person in charge of the home at the time of inspection: Nicola Anne McLean	Date manager registered: 7 August 2015

3.0 Methods/processes

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

- Discussion with the registered manager and the agency's compliance officer
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Supply and Placement Policy
- Orientation and Induction of new staff Policy
- Recruitment Policy
- Record Keeping Policy
- Data Protection Policy
- Quality Monitoring Policy
- Confirmation of NMC status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with timescales detailed in the minimum standards.

During the inspection the inspector spoke with the responsible person, registered manager and the agency's compliance officer.

During the inspection the inspector requested that questionnaires were distributed for completion by staff nurses; four questionnaires have been returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Lucas Love Healthcare is a nursing agency operating from premises in Belfast city centre. The agency currently supplies registered nurses to a number of nursing homes and HSCT facilities.

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

4.1 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 2.1</p> <p>Stated: First time</p>	<p>It is recommended that the registered person ensures that policies and procedures, as identified in Appendix 3 for the management of the nursing agency and supply of nurses, are in place and in accordance with statutory requirements.</p> <p>This relates specifically to the agency's Safeguarding of Vulnerable Adults and Children Policy.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's Safeguarding of Vulnerable Adults and Children Policy and noted that it was completed in accordance with statutory requirements.</p>	

4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The inspector viewed the agency's pre-employment checklist which records the checks that have been completed; the registered manager stated that they are required to sign the checklist to verify that all required checks have been satisfactorily completed. The manager stated that nurses are not provided until all required checks have been completed. The inspector viewed the agency's electronic system for recording staff recruitment information; it was noted that the system will not permit staff nurses to be allocated work if pre-employment checks had not been satisfactorily completed.

The manager could describe the procedure for matching nursing skills to placement which includes completion of a skills and experience profile during the application and interview processes; they stated that this assists in identifying the individual skills and experience of staff nurses. The agency's recruitment and induction policy outlines the induction programme provided to staff nurses prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction period; it was identified that nursing staff are provided with a staff handbook and are required to satisfactorily complete e-learning modules in a range of areas.

The agency's supervision and appraisal policy details the procedure and timescales for staff supervision and appraisal. The agency maintains a record of staff supervision and appraisal; the inspector identified from records viewed that staff have received supervision and appraisal

in accordance with the agency's policies and procedures; it was noted that staff nurses are required to participate in an annual appraisal.

The manager could describe support provided to staff to assist them in achieving the requirements for revalidation and registration with the NMC.

The inspector examined the agency's provision for the welfare, care and protection of patients. The registered manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the policy. It was noted that the registered person has been identified as the 'Safeguarding Champion' for the agency.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency had acted appropriately in relation to allegations of abuse since the previous inspection. Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency. They could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

The manager stated that nursing staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager and records viewed indicated that staff are provided with safeguarding vulnerable adults training during their initial induction and that they are required to complete an annual update.

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 process for appropriately assessing the requirements of a request by a service user for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency has a process for checking the NMC register monthly for staff nurses employed; electronic records maintained were viewed by the inspector. Discussion with the manager indicated that if required staff have been provided with additional training specific to the needs of the service users.

The manager stated that service users are provided with relevant staff profiles when confirmation of a shift is provided. It was note that service users are requested by the agency to complete feedback reports in relation to staff nurses provided.

The agency's registered premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose.

Four staff questionnaires were returned to the inspector; responses received indicated that staff are very satisfied that care provided is safe.

Staff Nurse's comment

'I have all the support and information I need to provide safe and professional care'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

During the inspection the inspector reviewed that 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 detailed within the Statement of Purpose and Service User Guide.

The agency's management of records policy outlines the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

It was identified from discussions with staff and records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users this includes a review of training, complaints, incidents, safeguarding referrals and in addition audits of staffing issues and documentation. Records viewed relating to audits completed was noted to include feedback received from service users. It was noted that the registered manager is required to complete a weekly report for the registered person and that a monthly quality meeting takes place. The agency maintains a record of compliments and complaints received.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Observation of administration staff interaction during the inspection indicated that they communicate appropriately with staff nurses and service users.

Discussions with the registered manager indicated that the agency seeks to maintain effective working relationships service users; they could describe examples of liaison with stakeholders in relation to achieving better outcomes for patients.

The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided. The agency maintains an electronic record of all contact with service users.

The registered manager could describe the process that would be adhered to for addressing concerns relating to a staff member.

Four staff questionnaires were returned to the inspector; responses received indicated that staff are very satisfied that care provided is effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

Agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure; it was noted that all staff nurses are provided with the agency's staff handbook which includes a number of key policies.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; it was noted that staff must achieve a required level before being deemed competent.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback. It was noted from records viewed that this process involves issuing a feedback assessment form for each staff member provided.

The inspector noted that the agency includes feedback received from service users in the agency's monthly quality monitoring report.

The agency has an electronic system for recording training completed and for highlighting when training updates are required; it was viewed by the inspector. The registered manager and compliance personnel could describe their role in identifying and highlighting gaps on a monthly basis. The inspector was provided with assurances that staff nurses would not be provided if training updates had not been successfully completed.

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

The registered manager stated that staff nurses were provided with the relevant training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Training records viewed indicate that staff nurses provided by the agency have received the relevant training.

It was noted that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The registered manager described the 24 hour on call system that staff can access for support and guidance.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; relevant reference is made as to the role of RQIA in relation to whistleblowing.

The inspector noted that the agency has in place a system for obtaining the views and opinions of service users. Documentation viewed included the feedback received from service users. Formal processes to record and respond to service users feedback are maintained through the agency's complaints and monthly quality monitoring processes. The registered manager

described the processes for receiving feedback from service users following the provision of staff nurses. The inspector viewed documentation which recorded feedback received.

Four staff questionnaires were returned to the inspector; responses received indicated that staff are very satisfied that care provided is compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is the service well led?

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The inspector viewed a range of the agency's policies and procedures; it was noted that the agency has in place policies and procedures which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency's office. The inspector noted that a number of key policies are provided within the agency's staff handbook.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; audit of registration status with the NMC; and monthly audit of complaints, safeguarding incidents and incidents notifiable to RQIA. The manager stated that they are required to provide a weekly report for the registered person.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed and discussions with the registered manager that the agency has received a number of complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints, and that complaints received had been handled appropriately.

The agency has in place management and governance systems to drive quality improvement. There are arrangements in place for ongoing management and monitoring of incidents and complaints. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas improving the quality of the service, and of providing better outcomes for service users. Electronic and paper records viewed by the inspector provided evidence of appropriate staff training, supervision and appraisal.

The registered manager stated that staff nurses are required to complete training during their induction and an annual update. The inspector noted that nursing staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspector viewed that agency's electronic system in place for recording staff training; it was noted that the agency has a process for highlighting when training updates are required.

Records viewed indicated that staff provided for work have successfully completed the required mandatory training and in addition any training specific to the needs of service users. The compliance officer could describe the process for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide are kept under review.

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

Discussion with the registered manager indicated that there are effective collaborative working relationships with service users.

The agency has a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Four staff questionnaires were returned to the inspector; responses received indicated that staff are very satisfied that agency is well led.

Staff Nurse’s comment

‘Good professional management.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews