



The **Regulation** and
Quality Improvement
Authority

Lucas Love Healthcare
RQIA ID: 10887
161-163 Victoria Street
Belfast
BT1 4PE

Inspector: Joanne Faulkner
Inspection ID: IN022843

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**Unannounced Care Inspection
of
Lucas Love Healthcare**

10 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 10 March 2016 from 10.30 to 13.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made	0	1

The details of the QIP within to this report were discussed with the Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

5. Service Details

Registered Organisation/Registered Provider Lucas Love Healthcare/Sinead Maria Polland	Registered Manager: Nicola Anne McLean
Person in Charge of the Agency at the Time of Inspection: Nicola Anne McLean	Date Registered: 7 August 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: 130	Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books: 129

6. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following themes:

Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Theme 2: Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

- Discussion with the responsible person, registered manager and admin personnel
- Review of records
- Observation during inspection of the premises
- Evaluation and feedback

Prior to inspection the following records were examined:

- Previous care inspection report
- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection

The following records were examined during the inspection:

- Staff training and induction records
- Dates of staff supervision/appraisal
- Selected policies and procedures
- Accident and incident records
- Record of complaints
- Safeguarding of Vulnerable Adults referral information
- Staff Handbook
- Quality monitoring feedback
- Training and Development Policy (November 2015)
- Whistleblowing Policy (November 2015)
- Recruitment checklists

Staff questionnaires were provided during the inspection. There have been no questionnaires returned to RQIA.

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

8. The Inspection

8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Regulation 4.2	The registered manager should review the arrangements in regard to obtaining email references. The arrangements should be detailed in the recruitment policy.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's recruitment policy and noted that it clearly details the procedure in regard to obtaining email references. It was noted that the agency ensures that email references received are followed up with a conversation with the referee.	
Recommendation 2 Ref: Regulation 6.1	The registered manager should further develop the induction record provided to nurses for their placement to enable the agency to maintain a copy of their induction.	Met
	Action taken as confirmed during the inspection: It was identified from records viewed that the agency maintains a record of induction provided to staff.	

8.2 Theme 1: Nurse Training - The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

The agency's training and development policy, November 2015, outlines the induction programme provided to staff prior to employment; it was noted that the content is in accordance with RQIA guidance on mandatory training. It was identified that the agency develops an annual training schedule and has in place an electronic system for recording training provided and identifying when training updates are required. The manager stated that staff are reminded when a training update is required and stated that staff are not supplied if training is not updated. The manager stated that staff are provided with a staff handbook and confirmed that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

Training records viewed indicate that staff have received the required mandatory training, and in addition, training specific to meet the requirements of individual service users.

Staff are required to complete face to face training and provide an evaluation of the training programme provided. The registered manager could describe instances when staff are required to complete specific training to meet the needs of individual clients.

The agency requests that service users complete a client survey in relation to staff provided; these were viewed by the inspector.

Is Care Effective?

Prior to employment agency staff are required to complete required mandatory training provided by the agency; a record of training is maintained. It was noted that staff completing E-learning modules are required to achieve a satisfactory level of achievement before being permitted to complete the training module. It was noted that staff are provided with a handbook.

Staff are provided with annual supervision and appraisal. The registered manager stated that training and development needs are discussed during these meetings and a plan developed to address identified training needs; they stated that staff are encouraged to liaise at any time with the manager in relation to training needs.

The registered manager stated that service users are informed of the process for contacting the agency for providing feedback and to discuss concerns in relation to the competency of staff provided. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues with staff.

The registered manager stated that when concerns relating to staff members are identified the agency will address the concerns with the individual immediately, and whilst the process is ongoing the staff member would not be provided to work. They discussed the benefits of providing updated training to staff when issues have been identified.

Is Care Compassionate?

The agency has a process for obtaining the views of service users; the registered manager described the process for engaging with the relevant service users in order to obtain feedback.

Areas for Improvement

There were no areas for improvement identified within Theme 1.

Number of Requirements	0	Number Recommendations:	0
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The inspector viewed the agency's policy for safeguarding of vulnerable adults and protection of children, November 2015. It outlines the procedures to be followed and makes relevant reference to current legislation and regional protocols issued by the Health and Social Services Board. It was identified that the agency is required to review and update their policy in line with recently issued DHSSPS guidance.

The manager stated that staff receive training in protection of vulnerable adults and safeguarding children during induction and in the annual training update that all staff are required to complete. The inspector viewed records of induction and training which indicated

that staff have received relevant training. It was noted that staff are required to complete an assessment following training.

It was identified that staff are provided with details of the process for reporting any suspected, alleged or actual incidents of abuse being identified.

The registered manager 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.

Is Care Effective?

It was identified that staff are provided with safeguarding vulnerable adults training during induction; it includes information in relation to types and indicators of abuse and the agency's policy and procedures in relation to protection of vulnerable adults and children. A training update is provided for staff on an annual basis. Electronic records viewed indicate that staff provided by the agency have received the relevant training.

The registered manager could describe the safeguards implemented by the agency to ensure vulnerable adults; children and young people are protected from abuse. These included the arrangements in place that ensure all necessary pre-employment checks are completed and considered, and that staff provided have received relevant training. The manager stated that the agency checks the NMC register monthly for any changes.

The registered manager described their role and responsibility regarding reporting and investigation in the event of an allegation of abuse being made, and the processes for engaging with the health and social care trusts. Records viewed and discussions with the registered manager indicate that appropriate procedures have been followed.

Is Care Compassionate?

The registered manager stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training and are required to complete a training competency evaluation electronically.

The agency has a process for recording of all incidents of suspected, alleged or actual abuse identified; records viewed indicate that appropriate procedures have been followed.

The agency's 'Whistleblowing Policy', November 2015, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. It was identified that reference is made as to the role of RQIA in relation to whistleblowing.

Areas for Improvement

There was one area for improvement identified within Theme 2:

Standard 2.1

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.

This relates specifically to the agency's Safeguarding of Vulnerable Adults and Children Policy.

Number of Requirements	0	Number Recommendations:	1
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8.4 Additional Areas Examined

8.4.1 Complaints

The agency's complaints policy outlines the procedure for handling complaints. It was verified from records viewed and discussion with the manager that the agency has received 18 complaints for the period 1 January 2014 to 31 March 2015. The registered manager stated that all concerns raised by service users are dealt with through the complaints procedure; documentation viewed indicated that the agency had followed their complaints policy and procedures in dealing with complaints received.

8.4.2 Notifiable Incidents

The inspector discussed with the registered manager the detail of the notifiable incidents reported; it was identified that a large number of those reported related to medication incidents. It was noted that this matter had been addressed by the pharmacy inspector and assurances provided of the measures taken to reduce the risk of reoccurrences.

9. Quality Improvement Plan

The issues identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers 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 / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

9.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the Registered Manager to detail the actions taken to meet the legislative requirements stated. The Responsible Person will review and approve the QIP to confirm that these actions have been completed by the Registered Manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk to be assessed by the inspector.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 2.1</p> <p>Stated: First time</p> <p>To be Completed by: 10 June 2016</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>
<p>Response by Registered Person(s) Detailing the Actions Taken: The identified policies and procedures have been reviewed to include up-to-date legislation and full, concise information on actions to be taken.</p>	

Registered Manager Completing QIP	Nicola McLean	Date Completed	04.05.16
Registered Person Approving QIP	Sinead Polland	Date Approved	04.05.16
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	04/05/16

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.