

Announced Care Inspection Report 18 January 2018



Lucas Love Healthcare

Type of Service: Nursing Agency
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Inspectors: Joanne Faulkner
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www.rgia.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 in Belfast city centre. The agency currently supplies registered nurses to a number of nursing homes and Health and Social Care Trust (HSCT) facilities.

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

3.0 Service details

Registered organisation/registered person: Lucas Love Healthcare/Sinead 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

4.0 Inspection summary

An announced inspection took place on 18 January 2018 from 10.00 to 13.00.

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 record keeping, staff recruitment, training, staff appraisal, communication and engagement with stakeholders and adult protection.

No areas requiring 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 Nicola McLean, registered manager and the registered person, 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 16 February 2017

No further actions were required to be taken following the most recent inspection on 16 February 2017.

5.0 How we inspect

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

- Discussion with the registered manager, registered person, compliance officer 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:

- Monthly quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to Adult Protection
- Recruitment records
- Staff induction and training records
- Induction Policy
- Recruitment Policy
- Disciplinary Policy
- Access to Records Policy
- Confirmation of NMC Registration Policy
- Adult Safeguarding 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 inspectors met with the registered person, registered manager and administrative staff. At the request of the inspectors, the registered 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.

Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 February 2017

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 16 February 2017

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.

The inspectors reviewed staffing arrangements in place within the agency.

The agency's recruitment policy outlines the processes in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. A record of the checks that have been completed is maintained by the agency; it was identified that the compliance officer checks that all information has been received and the registered manager verifies this information. The registered manager stated that nurses are not provided until all required checks have been completed.

It was noted that staff are required to complete an annual medical self-declaration form. Staff recruitment records viewed by the inspectors indicated that the agency's recruitment process is robust.

The registered manager could describe the process for appropriately matching nursing skills to placement; this includes the completion of a skills profile during the interview. It was noted that the agency stores the information on an electronic system.

The agency provides induction to staff nurses prior to their commencement of employment and retains a record of areas covered. Registered nurses are required to complete induction training in a range of mandatory areas; induction records viewed detail the information and

support provided to staff during the induction process. In addition the agency requires that staff receive induction at the commencement of a work placement.

Staff personnel records viewed indicated that staff are not provided until the required pre-employment checks and documentation relating to training have been received and verified.

The agency's supervision and appraisal policy outlines the procedures and timescales for staff supervision and appraisal; it was noted that staff nurses are required to participate in annual supervision and appraisal. Records of staff appraisal indicate that staff had received appraisal in accordance with the agency's policies and procedures.

The agency has an electronic system for recording staff training; it was noted that the system will highlight when training updates are required. The registered manager and administrative staff could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided with work if training updates have not been completed.

The inspectors reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The agency has an identified Adult Safeguarding Champion (ASC).

The inspectors reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has made a number of referrals in relation to adult safeguarding matters since the previous inspection. The agency retains a detailed record of the referrals made and actions taken.

The registered manager could clearly 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 are required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult protection.

The agency retains a record of learning outcomes from referrals made and investigations completed; it was noted that on occasions this has resulted in staff being required to complete additional training and referral to NMC.

It was identified that registered nurses are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. Discussions with the registered manager and documentation viewed indicated that staff are required to complete adult safeguarding training during their initial induction and in addition are required to complete an annual online training update. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

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

The registered 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, skills, training, experience and suitability of the nurse to be provided. The agency provides service users with relevant staff profiles when confirmation of a shift is provided.

The agency has an electronic system for recording the nurses registration status with the NMC; the agency’s compliance officer could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have had conditions placed on their registration. The registered manager could describe how staff are supported in achieving the requirements for revalidation and re-registration with the NMC.

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

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner; personal computers (PC’s) were noted to be password protected.

Areas of good practice

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

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 inspectors 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 and Service User Guide.

The agency’s records management policy outlines the process for the creation, storage and retention of records; the inspectors noted that documentation was maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy. It was noted that the agency completes regular audits of records such as recruitment and complaints.

Discussions with the registered manager, administrative staff and documentation viewed provided evidence that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training compliance, staff registration status with appropriate regulatory body, complaints, incidents and referrals relating to adult protection.

A monthly quality monitoring audit is completed and a report developed. The inspectors discussed with the registered person and the registered manager the need to ensure that entries made after the report is completed in relation to incidents needs to be clearly noted.

Comments from quality monitoring reports

- ‘**** did an excellent job last night and my staff were complimentary of him.’
- ‘**** has been covering for me and doing an excellent job.’
- A relative commented to a service user; ‘The standard of care **** provided was good and we are extremely thankful; the standard of care was excellent.’

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

Discussions with the registered manager provided evidence that the agency seeks to maintain effective working relationships with service users. The registered person 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 and that matters raised are dealt with effectively. The agency has systems in place for obtaining the comments of service users in relation to staff provided.

The registered person and the registered manager described the procedure for addressing concerns relating to individual staff members. The inspectors discussed with the registered manager the processes followed in relation to a number of incidents; action described indicated that the agency’s procedure for dealing with concerns were effective and provided evidence of collaborative working with other relevant stakeholders.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users and staff nurses, and the agency’s quality monitoring process.

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.

The agency’s staff handbook includes a number of key policies 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 systems for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with service users in

order to obtain feedback. It was noted that a report is forwarded daily to the registered manager from staff covering the on call system.

Discussions with the registered person, registered manager and administrative 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 agency has 24 hour on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement or access 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.

It was noted that the agency has implemented systems for obtaining the views and opinions of service users. The registered manager described the processes for receiving feedback from service users following the provision of staff nurses. Comments made by services users are included in the agency’s monthly quality audit report. Formal processes to record and respond to service user feedback are maintained through the agency’s complaints process.

Areas of good practice

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

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 inspectors reviewed the agency’s management and governance systems in place to meet the needs of service users. The agency has a range of policies and procedures in place 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 in a paper format stored within the agency’s office; the registered manager stated that staff are provided with a range of key policies in the staff handbook.

Records 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, monthly monitoring of training, audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that complaints received had been managed appropriately. The inspectors discussed with the manager the benefits of indicating if a matter has been referred to adult safeguarding; assurances were provided that a system would be implemented.

Discussion with the registered manager and staff indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints. The agency maintains details of the outcome of the investigations of complaints.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a comprehensive record of incidents and of actions taken.

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 registered person could describe the importance of regularly reviewing and monitoring of services provided to identify areas for improving the quality of the service. Records viewed by the inspectors provided evidence of appropriate staff induction, training and appraisal. It was noted that a number of nurses have been required to complete additional training following incidents that have occurred.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. The registered manager stated that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

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 person and the registered manager indicated that the agency promotes effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users following staff have been provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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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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