



The **Regulation** and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency:	Lucas Love Healthcare
Nursing Agency ID No:	10887
Inspection No:	20911
Date of Inspection:	5 January 2015
Inspector's Name:	Maire Marley

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

General Information

Name of agency:	Lucas Love Healthcare
Address:	161-163 Victoria Street Belfast BT1 4PE
Telephone number:	02890668035
E mail address:	sp@lucaslovehealthcare.com
Registered organisation/ Registered provider:	Lucas Love Healthcare Sinead Maria Polland
Registered manager:	Sinead Maria Polland
Person in Charge of the agency at the time of inspection:	Sinead Maria Polland
Categories of care:	Nursing Agency
Number of registered nurses, health visitors and midwives on the agency's books:	81
Date and type of previous inspection:	Primary announced inspection 19 March 2014
Date and time of inspection:	Unannounced primary inspection 5 January 2015
Name of inspector:	Maire Marley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008).

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

The inspector was informed that the agency do not supply nurses to provide nursing care to any private patient in their own home therefore Standards 11-15 were not examined.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Lucas Love Healthcare is a nursing agency operating from 161-163 Victoria Street, Belfast, BT1 4PE. Lucas Love Healthcare is a nursing agency operating from 161-163 Victoria Street Belfast BT1 4PE. The service supplies nurses to private nursing homes throughout the province. The length of placement can vary between one day and 6 months at any particular site.

Summary of Inspection

This is the annual announced inspection report for Lucas Love Healthcare which was undertaken on 5 January 2015 by an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 1.00 pm and finishing at 4.30pm.

The inspection sought to establish the compliance being achieved in respect of The Nursing Agencies Regulations (Northern Ireland) 2005 and the DHSSPS Minimum Standards for Nursing Agencies.

The registered manager, Mrs Sinead Polland was available throughout the inspection. The inspector was informed the agency had appointed a new manager for the nursing agency and was advised an application for registration would be submitted to the RQIA in a timely manner. This manager was introduced to the inspector and facilitated the inspection.

The previous inspection occurred on 19 March 2014 and there were no improvements identified.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Four personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A review of the information submitted prior to the inspection in regard to complaints indicated that the agency were in receipt of four complaints. These complaints were appropriately recorded and were resolved through local resolution and found to be investigated in accordance with agency policy.

No incidents of alleged or suspected abuse have been reported to the agency and staff are trained on this subject matter.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of the criteria for this standard evidenced that there are policies and procedures in place in accordance with The Nursing Agency Minimum Standards (2008) Appendix 3.

A number of policies and procedures were reviewed, which included absence of the registered manager, management of records, management and control of operations, complaints management, orientation and induction, protection of vulnerable adults and safeguarding children.

Policies are centrally indexed and had been approved and appropriately dated by the responsible person/registered manager. The registered manager discussed how feedback from nurses and clients helped inform policy and procedure.

The agency was assessed as 'compliant' with this standard.

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of the seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

The agency was assessed as 'compliant' with this standard.

Two recommendations were made and they relate to improving the arrangements regarding the obtaining of email references and the monitoring of staff competencies. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to thank the registered manager Mrs Sinead Polland and the staff of Lucas Love Health for their warm welcome, hospitality and contribution to the inspection process.

Follow-Up on Previous Issues from previous Inspection

No requirements or recommendations were made as a result of the previous inspection.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
Policies and procedures as in Appendix 3 are in accordance with statutory requirements	Provider to complete
Inspection Findings:	
The findings of the inspector confirmed the information detailed in the provider's self -assessment. A random selection of policies and procedures that included Absence of the Registered Manager, Orientation and Induction Management and Control of Operations, Complaints Policy and the Protection of Vulnerable Adults were examined and found to be satisfactory.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment: we hold Nurse's forums to allow staff the opportunity to provide input and opinion into our policies and procedures. With every staff booking made we invite the manager of the setting to give us input on the development of our Policies and Procedures. They are also invited to view our Policies and procedures.	Moving towards compliance
Inspection Findings: The findings of the inspector concur with the provider's self -assessment. Discussion was held with the registered manager who was aware of the importance of involving staff and clients in the development of policies. The registered manager outlined how information obtained from contact with clients and staff would be used to ensure service improvement.	Moving towards compliance
Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment: All Policies and procedures are centrally indexed into a manual.	Compliant
Inspection Findings: On the day of inspection policies and procedures were well organised, indexed and compiled in manuals.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment: Policies and procedures are dated when issued, reviewed or revised.	Compliant
Inspection Findings: The policies examined on the day of inspection were all dated and there was evidence of continuous review. Each policy had been ratified by the responsible person.	Compliant
Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment: The Policies and procedures are currently subject to at least a three yearly review. The registered person ratifies any revision to them and also the introduction of any new Policy and Procedures.	Compliant
Inspection Findings: Examination of a random selection of policies confirmed the information provided in the provider's self-assessment was accurate.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	Compliance Level
Provider's Self Assessment: We do not supply Agency Nurse to private patients in their own home.	Not applicable
Inspection Findings: Discussion with the registered manager and other staff confirmed that the agency do not supply nurses to private patients in their own home.	Not applicable
Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment: The Policies details arrangements for the creation,use,retention, storage, transfer, disposal of access to records.	Substantially compliant
Inspection Findings: The management of records and information policy dated 6/11/14 detailed the arrangements for the creation, use, and retention of records. The document referred that all records would be managed with the disposal schedule specified in "Good Management Good Records" DHSSPS NI.	Substantially compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	Compliance Level
Provider's Self Assessment:	
All records required under Schedule 4 are available in the Agency at all times.	Substantially compliant
Inspection Findings:	
On the day of inspection records were well organised, easy to reference and available for inspection.	Substantially compliant
Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.	Compliance Level
Provider's Self Assessment:	
All information held on record is accurate up to date and necessary	Substantially compliant
Inspection Findings:	
The records examined on the day of inspection were accurate, up to date and necessary.	Substantially compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment: Lucas Love Healthcare do not have access to client's nursing care records. However, we ensure that we highlight the importance to all Nurses of the importance of maintaining and writing Nursing care records in accordance with the NMC Guidelines.	Not applicable
Inspection Findings: The findings of the inspector concur with provider's self -assessment in regard to nursing records. The induction records for staff included reference to the NMC guidelines.	Not applicable
Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment: training is provided and Nurses must complete to be compliant in all the above.	Substantially compliant
Inspection Findings: The policies in regard to the Management of Records and Information provided direction and guidance for staff in regard to the creation, use, retention, storage, transfer, disposal of and access to records. Training records indicated that staff were in receipt of training in regard to this subject.	Substantially compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	
Provider's Self Assessment:	
We can confirm that we comply with legislative requirements in this matter.	Compliant
Inspection Findings:	
On the day of inspection the management of records and information policies detailed the arrangements for the storage and archival of records and were in accordance with the DHSSPS guidelines.	Compliant

Additional Areas Examined

Recruitment of Nurses

The agency had a recruitment policy and procedure in place to ensure staff are recruited in accordance with The Nursing Agencies Regulations (Northern Ireland) 2005 and DHSSPS guidance. Records relating to the recruitment of four nurses were examined and found to contain all the relevant documentation. In one file examined it was difficult to ascertain if the reference had been completed by the referee. It was recommended that the arrangements in regard to obtaining email references are reviewed and detailed in the recruitment policy. There was evidence that arrangements were in place to confirm the nurse's registration with the NMC.

Induction Records

Systems were in place to provide new nurses with structured orientation and induction. It was encouraging to note that the agency also provided the nurse with a record for their induction to the home for completion. It is recommended that these records are further developed to enable the agency to maintain a copy of the induction. The agency actively seeks feedback from those services with whom their staff are placed. Records viewed on the day contained positive feedback from managers of the establishments where the agency had placed staff.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sinead Polland, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Maire Marley
Senior Inspector
The Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 2BT



Quality Improvement Plan

Unannounced Primary Inspection

Lucas Love Healthcare

05 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Sinead Polland registered manager/ responsible person during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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.

Recommendations

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	4.2	The registered manager should review the arrangements in regard to obtaining email references. The arrangements should be detailed in the recruitment policy.	One	A "receipt of emailed references" policy has been developed. This was based on and has formalised our already safest possible practise discussed with the inspector.	No later than 31 March 2015.
2	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.	One	We continue to encourage Nurses to forward us a copy of their induction. We receive these via scanned copy, emailed, by hand or by post.	No later than 31 March 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sinead Polland
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sinead Polland

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Maire Marley	10/11/2015
Further information requested from provider			