

Inspection Report

10 May 2022



Prime Care

Type of service: Domiciliary Care Agency
Address: 77 Eglantine Avenue, Belfast, BT9 6EW
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Prime Care Responsible Individuals: Mrs Mary Marian Nicholas Mr Joseph Raymond Nicholas	Registered Manager: Miss Michelle Nicholas Date registered: Acting
Person in charge at the time of inspection: Miss Michelle Nicholas	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides a range of services including personal care, practical and social support and sitting services. Service users have a range of needs including dementia, mental health, learning disability and physical disability. Their services are commissioned by the Belfast Health and Social Care Trust (BHSC), the South Eastern Health and Social Care Trust (SEHSC) and the Northern Health and Social Care Trust (NHSC).	

2.0 Inspection summary

An unannounced inspection took place on 10 May 2022 between 10.15 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, Dysphagia and Covid-19 guidance were also reviewed.

Two areas for improvement identified at the previous inspection in relation to recruitment and daily logs have been stated for the second time. One new area for improvement has been identified in relation to DoLS training for staff.

There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "All lovely people. I get on really well with my carers."
- "I am delighted with the care provided."
- "I couldn't do without them."
- "They are fantastic, couldn't be better."

Service users' relatives/representatives' comments:

- "All the carers are friendly."
- "The carers are doing a great job."
- "Since the night carers started they have been brilliant."
- "My relative's verbal skills have come along, I am very happy with them."

- “The staff are caring, I would be lost without them.”
- “I am confident my relative will be looked after.”

Staff comments:

- “The manager is great.”

HSC Trust representatives’ comments:

- “I have always found that any issues raised are dealt with in a timely and appropriate manner and the manager frequently makes contact with the service user or NOK to follow up.”
- “Service users are complimentary regarding the standard of care, timekeeping and continuity involved in their care.”
- “I find Prime Care very accommodating and willing to take on additional tasks etc. if required.”
- “I find the staff to always be very friendly and co-operative. My service users speak highly of the care received from staff.”
- “The service overall is very good. Any issues that arise are addressed and dealt with in a timely and professional manner.”
- “Communication is also very good and they attend care reviews if able or views given by telephone.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Myself and my mum are very happy with Prime Care. Fantastic company. Highly recommend.”

No staff responded to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 28 September 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was partially validated during this inspection.

Areas for improvement from the last inspection on 28 September 2020	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	Validation of compliance

<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <hr/> <p>Action taken as confirmed during the inspection: Three staff recruitment files were reviewed and there were deficits in the recruitment process. Full employment history had not been obtained, personal email addresses had been contacted for a professional reference and there was no finish date for a staff member's previous employment. This area for improvement will be stated for the second time.</p>	<p>Not met</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 23 (1) and (2)(b)(i)(ii)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided. At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency takes the views of service users and their representatives into account in deciding what service to offer to them, and the manner in which such services are to be provided.</p> <p>This refers to the service consulting all stakeholders to assess the quality of the care being delivered.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of these reports noted they were compliant with this regulation.</p>	<p>Met</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 5.6 Stated: First time	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. This includes using black pen for all entries. They are kept in a safe place in the service user's home, as agreed with the service users, or where appropriate his or her carer/representative.	Not met
	Action taken as confirmed during the inspection: Three service users' files were reviewed and deficits were noted. Some staff signatures were illegible and dates and the timings of calls were not recorded. This area for improvement will be stated for the second time.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and yearly thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns within normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Records viewed indicated that incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, specific training is provided. The manager was advised to retain the dates when this training was completed.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was noted that less than half of the staff members had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. An area for improvement has been identified in this regard.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. It was noted, however, that the SALT assessments were not in service users' files. This was discussed with the manager who advised she would contact the named key workers to ensure the SALT assessments for every service user would be forwarded to the agency as a matter of urgency. Assurances were also provided that this will be requested when a new package of care is referred to them and the care will not commence until this has been received.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

We reviewed three staff recruitment file and noted they were not compliant with Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. There were deficits identified in the recruitment process. Full employment histories had not been obtained for the three staff members, a personal email address had been contacted for one professional reference and dates when a staff member ceased employment had not been recorded. This area for improvement has been stated for the second time.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Staff are required to complete a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's monthly quality monitoring process established that there was engagement with service users, their relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

We discussed the acting management arrangements which have been ongoing since 17 November 2020. It was discussed that a new manager has been appointed and will be submitting their application to RQIA in due course. Once received, this will be reviewed.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

6.0 Conclusion

Based on the inspection findings, three areas for improvement were identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Michelle Nicholas, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: Second time To be completed by: Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: From the inspection date, PrimeCare have implemented the following to ensure compliance with information required by Schedule 3. We have adjusted the application form asking for employment history to be from 18 years old and added an adjustment sheet that can be completed by HR if the application form needs amended. References from previous employers will be obtained from a company email address in the first instance and where this is not possible, obtained with a company stamp or on headed paper. Prime Care will continue to try twice to obtain a reference before moving onto another source. All information provided on the application form will be reviewed prior to start date.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 5.6 Stated: Second time To be completed by: Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service users, or where appropriate his or her carer/representative.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Housebook records are written records completed by care staff in individual service users homes. PrimeCare have focused on improving house book records by including a test during staff training, including records within staff monitoring, staff appraisals, group discussions, and sending regular emails to staff to reinforce the regulation. Written records, however, are open to human error but PrimeCare will endeavour to minimise errors to the best of our ability</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This specifically relates to DoLS training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Dols was rolled out by the Trust on 2nd December 2019 after a delay and due to Covid, PrimeCare were also delayed in training all staff to the level 2 requirement. PrimeCare has added Dols training to the new start training sessions and we are in the process of training all existing staff. We aim to have this completed by the end of July 2022.</p>
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