

# Unannounced Care Inspection Report 14 July 2017



## Prime Care

**Type of Service: Domiciliary Care Agency/Conventional**

**Address: 77 Eglantine Avenue, Belfast, BT9 6EW**

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**Inspector: Jim McBride**

**Clair McConnell User Consultation Officer (UCO)**

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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**

Prime Care Ltd is a domiciliary care agency which is based in Eglantine Avenue, Belfast and serves the Belfast area of Northern Ireland. Under the direction of the registered manager Mrs Carol Ann Williams, the staff team provide a range of services to people living in their own homes across two trust areas (three locality areas - North and West locality and the South and East locality of the Belfast Health and Social Care Trust and the South Eastern trust). They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle. The agency currently provides 5000 hours per week to service users in their own homes. Service is provided to 590 service users by 190 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mary Nicholas Mr Joseph Nicholas Prime Care	<b>Registered Manager:</b> Carol Williams
<b>Person in charge at the time of inspection:</b> Operations manager	<b>Date manager registered:</b> 14 May 2009

### 4.0 Inspection summary

An unannounced inspection took place on 14 July 2017 from 09.00 to 12.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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:

- Staff training and development
- Complaints recording and assessment
- Quality assessment and monitoring
- Incident reporting
- Staff recruitment procedures.

No areas requiring improvement were identified.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Operations manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 October 2016

No further actions were required to be taken following the most recent inspection on 27 October 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifiable events for 2015/2016
- Record of complaints
- Records of all communication received by RQIA.

Prior to the inspection the User Consultation Officer (UCO) spoke with seven relatives, by telephone, on 10 and 11 July 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Sitting service
- Meals.

The staff were provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. It was disappointing to note that only one staff questionnaire was returned to RQIA. The content of the questionnaires is discussed in the main body of the report. This return rate was discussed with the registered provider on the 2 August 2017, who stated that all questionnaires were issued to staff to complete and return to the RQIA.

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

- Discussion with the operations manager and registered provider
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Six staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training records including:
  - Safeguarding
  - Managing client's monies
  - Fire safety
  - Medication
  - Safeguarding

- Manual handling
- Challenging behaviour
- Monthly quality monitoring records
- Service user compliments received from April 2015 to March 2016
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Safeguarding policy
- Record of incidents reportable to RQIA in 2015/2016.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 October 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 27 October 2016

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 service users from the care, treatment and support that is intended to help them.**

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Prime Care. New carers had been introduced to the service user by a regular member of staff or supervisor; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and working with people dementia. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- "Any issues with XXX, the carers let me know."

- “We trust the girls as we’ve got to know them.”
- “The girls are brilliant.”

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Six staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for care workers. All recruitment records were compliant.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standard. The inspector noted the areas monitored during induction and shadowing:

- Uniform/tidiness of employee
- Use of equipment
- Quality of care
- Competency and level of care
- Recording
- Medication competency and compliance
- Health and safety
- Attitude with service users and colleagues.

#### **Comments made during monitoring/shadowing:**

“The staff member had a good understanding of recording.”

“The staff member provided a good level of care.”

“The staff member prompted medication correctly.”

“The staff member works well with the team.”

“A good standard of professional care provided.”

The operations manager confirmed that staff received a three day induction, and where necessary additional shadowing days are available where staff felt they require additional time. All of the staff members’ records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. The Operations manager confirmed the majority of staff are registered with NISCC, with the remaining staff moving towards registration.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Safeguarding’ policy and procedure (June 2017) provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The role and responsibilities of the ‘safeguarding champion’ were outlined within the policy.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The agency has had five safeguarding matters reported since the previous inspection; discussion with staff and review of records confirmed they had been investigated and reported to RQIA or other relevant bodies appropriately.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. The inspector noted some of the staff comments in relation to the staff training events:

- “Everything was brilliant and was explained well.”
- “I’m happy the way things are.”
- “I know who to contact if I require further training.”
- “I feel the induction was useful.”
- “\*\*\*\*\* was very helpful.”
- “Training was very informative.”

Records reviewed for staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. The inspection confirmed the availability of continuous ongoing update training, alongside supervision and appraisal processes.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

One returned questionnaire from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff, training, supervision, appraisal and recruitment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**  
**The right care, at the right time in the right place with the best outcome.**

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer or supervisor.

No issues regarding communication between the service users, relatives and staff from Prime Care were raised with the UCO. The relatives advised that home visits have taken place as well as questionnaires from the agency to obtain their views on the service.

Examples of some of the comments made by the relatives are listed below:

- “Consistency is great. XXX is used to them and I trust them.”
- “Not one complaint.”
- “They’re very reliable.”

The agency’s arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guides.

The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users and HSC Trust professionals. The inspector noted some of the comments made by service users and HSC Trust professionals during the monthly quality monitoring.

#### **Service users:**

- “The sitters are all very nice.”
- “I love to see them all.”
- “Staff are professional and efficient”
- “All good.”
- “I’m very happy with all the girls.”

#### **HSC Trust Staff:**

- “No issues.”
- “The families are very happy.”
- “The agency are quick to respond and happy to oblige.”
- “Prime Care provides a quality service to our service users.”
- “The continuity of staff is excellent.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate individual communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective individual communication with all service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users and relatives, including through routinely speaking with service users and relatives and being available for discussion daily.

One returned questionnaire from staff indicated:

- Staff receive appropriate training for their role



- Staff receive supervision and appraisal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews as well communication between service users and agency staff.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Prime Care. Examples of some of the comments made by the relatives are listed below:

- “The carer is a very nice girl and gets on well with XXX.”
- “She has become like part of the family.”
- “We look forward to them coming.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

The inspector noted the areas monitored during spot checks include:

- Timing of call
- Appearance
- Quality of care
- Dignity and respect
- Human rights
- Recording
- Medication

- Moving and handling
- Health and safety
- Attitude
- Confidentiality.

**Comments made during observations of practice:**

- “Good quality care and support given.”
- “Very good rapport with service users observed.”
- “Tasks and times recorded properly.”
- “Good use of equipment.”
- “Good health and safety practices.”
- “Transfers completed with confidence.”

One returned questionnaire from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the service or the management of the agency were raised during the interviews.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA. The inspector noted the areas monitored monthly in relating to the quality of service provided to service users:

- Do carers arrive within the allocated time?
- Do the carers complete all the tasks within the allocated time?
- Is care provided to your satisfaction?
- Are carers pleasant, caring and friendly?
- Do you know who to contact if you have a problem?
- Are you aware of Prime care's policy on Medication?
- Do you understand that carers are not allowed to administer over the counter medication – must be in a blister pack or pharmacy labelled bottle?
- Do you know who to contact if you believe there has been a medication error or medication has not been given?
- Are you aware of Prime Care policy on confidentiality?

### Comments from service users:

- "Very satisfied."
- "Carers are all very good and well liked."
- "Great job, they are great."
- "Good continuity in the evening."
- "Nice and kind."
- "Absolutely great staff."
- "Staff have a great way with my \*\*\*\*\*."

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year time frame recommended in the domiciliary care agency standards. Policies and procedures are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that a number of complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. These were fully satisfied to the satisfaction of the complainants. Review of these records supported appropriate processes in place for complaints review.

There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and service users. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users. The inspector noted the positive results of the annual quality review (2016) completed by the agency. The service users had the opportunity to comment on the following areas:

- Are you happy with the service you receive?
- Does your care staff promote dignity and respect?
- Do you feel your care is safe?
- Do your carers use the equipment provided by the HSC Trust appropriately?"

- Do you know how to make a complaint or compliment?
- Does your house book contain a care plan, on call numbers and a service user’s guide?
- Are your enquiries dealt with effectively?”

**Samples of comments from service users:**

- “The night sitter/carer is very punctual and pleasant.”
- “I’m very satisfied with the service I receive; the girls are pleasant and carry out their duties well. I look forward to their arrival every day.”
- “Carers are friendly and helpful.”
- “We are so happy with the care we get; we would be lost without them.”
- “All the carers attending \*\*\* are very friendly and look after \*\*\* well.”
- “Be caring to the carers they are an asset to your company.”
- “I look at my carers as friends.”
- “The carers are dependable and make helpful suggestions and are always bright.”
- “My care workers are the best, they are just like family, I’m so lucky.”
- “I’m very satisfied the staff are extremely diligent.”

The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC (The Northern Ireland Social Care Council). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

One returned questionnaire from staff indicated that:

- Current staffing arrangements meet service user’s needs
- Any complaints from service users are listened to.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s management of complaints and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal.

If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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