

Unannounced Care Inspection Report 16 July 2018



Prime Care

Type of Service: Domiciliary Care Agency
Address: 77 Eglantine Avenue, Belfast, BT9 6EW
Tel No: 02890663566
Inspector: Marie McCann
User Consultation Officer (UCO): Clair McConnell

www.rqia.org.uk

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

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 (BHSCT), the South Eastern Health and Social Care Trust (SHSCT) and the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Prime Care Responsible Individual(s): Ms Mary Marian Nicholas and Mr Joseph Raymond Nicholas	Registered Manager: Ms Carol Ann Williams
Person in charge at the time of inspection: Operations Manager	Date manager registered: 14 May 2009

4.0 Inspection summary

An unannounced inspection took place on 16 July 2018 from 09:00 to 16:40.

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

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 staff induction and training, supervision and appraisal, adult safeguarding, risk management, provision of compassionate care, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

An area for improvement was identified with regards to the recruitment information held by the agency.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 July 2017.

No further actions were required to be taken following the most recent inspection on 14 July 2017.

5.0 How we inspect

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

- Unannounced care inspection report dated 14 July 2017
- Incident notifications which evidenced that five incidents had been notified to RQIA since the last care inspection on 14 July 2017
- Information and correspondence received by RQIA since the last care inspection
- User Consultation Officer (UCO) report

As part of the inspection the UCO spoke with three service users and five relatives, by telephone, on 11 July 2018 to obtain their views of the service. The service users and relatives spoken to informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

During the inspection the inspector met with the operations manager and two care staff.

The following records were examined during the inspection:

- Four service users' individual care records.
- Three staff individual personnel records.
- A sample of staff monitoring visits.
- A sample of staff rosters.
- A sample of incidents/accidents from 1 June 2018 to 15 July 2018.
- A sample of complaints from 1 January 2018 to 15 July 2018.
- A sample of minutes of staff meetings dated November 2017, December 2017 and January 2018.
- A sample of monthly quality monitoring visit reports dated April 2018, May 2018 and June 2018.
- Listening and Responding to Service User Feedback Policy, 2015.
- Adult Safeguarding Policy, 2018.
- Whistleblowing Policy, 2018.
- Keyworker Policy, 2018.
- Equality Policy, 2016.
- Confidentiality Policy, 2018.
- Complaints Policy, 2016.
- The Statement of Purpose, 2016.

- The Service User's Guide, 2017.

At the request of the inspector, the operations manager was asked to display a poster prominently within the agency's premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. The operations manager reported that in addition to displaying the poster, a copy of the poster would be given to all staff. No staff questionnaires were returned.

The inspector requested that the operations manager place a 'Have we missed you' card in a prominent position in the agency to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received for inclusion in this report. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the operations manager to be displayed within the agency's premises.

The inspector would like to thank the operations manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

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 14 July 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 14 July 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 service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector viewed a sample of staff recruitment records. Documentation viewed and discussions with the operations manager evidenced that the organisation's recruitment systems were effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed. These records further confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. It was noted in one of the records viewed that the statement to be completed by the registered manager or responsible person, which confirms that the person is physically and mentally fit for the purposes of the work he/she has to perform, was completed by the human resources manager. An area for improvement was made in this regard.

Discussion with the operations manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed a number of individual staff induction records. This evidenced that staff received an induction lasting at least three days which included mandatory training and shadowing with experienced staff. Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job roles. One staff member commented: "The induction was brilliant, I had training and shadowing with experienced staff."

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The agency monitors and documents compliance levels in relation to training completed. A review of a sample of staff training records for the period 2017/2018, in addition to discussion with the operations manager confirmed that all care staff had completed their mandatory training and that arrangements were in place to identify and meet ongoing training updates as part of a rolling programme of training.

The operations manager confirmed that in addition to guidance given to staff within the staff handbook in relation to recording, the agency has updated the training plan for 2018 to provide additional training with respect to the management of records. The operations manager also advised that in addition to mandatory training, staff are provided with training to meet the assessed care needs of specific service users in areas such as epilepsy, conveyer or stoma care as required. One staff member commented: "Training is very good and I would see the trainer being more in depth with new staff."

In addition to formal training sessions, a regular newsletter sent to staff by the agency was noted to share relevant learning opportunities. For example the newsletter dated the 29 January 2018 provided guidance to staff on pressure ulcers, including, how they are caused, early symptoms and what action is to be taken if concerns are noted.

A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. Discussion with staff on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service user care plans; UCO feedback from service users also highlighted no concerns regarding the carers' timekeeping or the pace with which care was delivered to service users.

A review of records confirmed that there had been two adult safeguarding investigations since the last care inspection which were now closed. Staff spoken with during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. Staff are required to complete adult safeguarding training during their induction programme and receive an update during their annual training programme. The operation manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention

and Protection in Partnership' July 2015 and its associated Operational Procedures, September 2016. The inspector advised that the agency's policy should be amended further to include the adult safeguarding team contact details for all the Health and Social Care Trusts (HSCT's) as outlined in the Operational Procedures. The operations manager provided assurances that these changes would be made.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. A review of the agency's Whistleblowing policy identified that the policy did not include the recognised external bodies to whom concerns can be reported such as RQIA and the Northern Ireland Social Care Council (NISCC). The operations manager agreed to update the policy to include these bodies.

The inspector reviewed reporting and management of incidents within the agency. Staff spoken with provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. The agency maintained records of all incidents and accidents reports which were shared with relevant HSCT's. A review of a sample of incident/accident reports identified that the agency operated a robust and transparent system in reporting incidents and accidents. Incidents and accidents were audited on a monthly basis by the operations manager and any learning outcomes were shared as appropriate to the staff team via the agency's newsletter.

Discussions with the operations manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes, open door policy for discussions with the management team and quality monitoring within service users' own homes. A review of a sample of staff monitoring visits identified no issues. Visits were noted to have been conducted on both an announced and unannounced basis and incorporated an action plan as necessary.

The agency's registered premises were noted to be suitable for the purposes of the agency as set out in the Statement of Purpose.

The UCO was advised by all of the service users and relatives spoken to that there were no concerns regarding the safety of care being provided by the agency. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of enhancing the service user's feeling of security and in assisting the new carer to gain an effective knowledge of the service user's required care needs.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; this included areas such as manual handling, use of equipment and management of medication. All of the service users and relatives spoken to confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "The consistency is great. They have got to know XXX well."
- "Couldn't fault them."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction/training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

An area for improvement was identified with regards to the recruitment information held by the agency.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose 2016.

The agency provides care as outlined in the care plan provided by the relevant HSCT in consultation with the service user and/or their representatives. Service user records viewed on the day of inspection included referral information and care plans received from the referring HSCT's. The referrals contained information regarding service users and/or their representatives and detailed the services being commissioned in addition to relevant assessments and a risk screening tool, as necessary. There was evidence that care plans and assessments were updated as the commissioned care provision changed. The agency completed an environmental risk assessment to identify any risks to either the service users or staff. The inspector noted that the agency requested the service user or their next of kin, as appropriate, to sign a document agreeing with the content of the service user care plan/support plan. However, it was noted in the sample of service user records reviewed that this agreement had not been updated when a new care plan was provided by the commissioning HSCT. This was highlighted to the operations manager and it was agreed that she would discuss this with the HSCT's with regards to how this will be addressed. This will be reviewed during a future care inspection.

The agency's quality assurance questionnaire undertaken in December 2017 evidenced that all service users who responded confirmed that they had a file provided by the agency which included their care plan, agency contact numbers and a service user guide. Within the agency's service user guide, service users are provided with information in relation to potential sources of support to discuss their needs and care plan or make a complaint. It was positive to note that the agency uses a keyworker system which provides service users with an identifiable keyworker who will be a consistent member of the team of care staff attending to their care needs.

The agency undertakes an annual collection of the daily records maintained in service user homes by care staff. A sample of records viewed during inspection identified that some records were written in coloured pencil and that care staff had not signed their full name. The operations manager provided assurances that this would be addressed with the relevant care staff. There was evidence that the agency were endeavouring to improve the recording skills of staff. This was reflected in the agency newsletter, team meetings and within the staff appraisal process and staff monitoring visits.

Discussion with the operations manager and review of service user records evidenced that the HSCT's carried out ongoing reviews with service users which the agency contributed to. Ongoing communications with HSCT's forms an integral part of this review process and this was evident during inspection. One service user commented in a review held with a HSCT representative: "I would be lost without them (carers), 100 per cent delighted with staff".

The operations manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records and discussions with staff. This included involvement in service user care reviews undertaken by the HSCT's, service user monitoring visits or telephone calls and an annual quality assurance/ satisfaction survey. It was positive to note that service users signed the record of service user monitoring visits. Records viewed by the inspector recorded no concerns regarding staff practice during spot check and monitoring visits. The operations manager also advised that the agency was in the process of updating their Listening and Responding to Service User and Carer Feedback Policy.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The operations manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had access to the management team via telephone; including out of hours support.

The operations manager confirmed that HSCT representatives were contactable when required, regarding service user matters, and evidence of these communications were evident during inspection. The agency was also able to evidence referral requests made to district nursing for assistance with pressure care, moving and handling, urinary catheter issues and incontinence assessments.

A review of team meeting minutes since the last inspection evidenced that they were typically held annually; minutes were typed and had a varied agenda. Several team meetings were held across a number of dates. A review of the minutes of meetings evidenced discussion regarding: the agency's vision, purpose and values, attendance procedure, NISCC, importance of recording and reporting and medication management. The operations manager agreed to ensure that future minutes include a record of all staff in attendance and that any actions agreed/planned are documented including who is responsible for such actions and within what timeframe.

Review of the management of records within the agency during the inspection evidenced that appropriate storage and data protection measures were being maintained.

One service user advised that they had experienced one missed call from the agency. The operations manager was made aware of the specific feedback received by the UCO on the day of inspection to ensure that effective measures could be taken to address the issue reported regarding a missed call.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. Some of the service users and relatives were able to confirm that home visits or phone calls have taken place to obtain their views on the service, or that they had received a questionnaire.

Examples of some of the comments made by service users or their relatives are listed below:

- “I’m happy enough.”
- “Never had any reason to complain.”
- “Timekeeping is great. They’re like clockwork.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users and where appropriate, their representatives in decisions affecting their care and support. Discussions with the operations manager and staff on the day of inspection reflected an ethos of dignity, respect, rights and equality. One staff member commented: “Service user confidentiality is always stressed.”

It was positive to note that staff were given advice and guidance on non-verbal communication within their staff handbook. In addition, information was provided to staff at regular intervals to develop their skills and knowledge and to improve outcomes for service users. For example, the staff newsletter, dated 22 January 2018, aimed to focus staff attention on the risks to some service users due to seasonally cold temperatures. Staff were advised within the newsletter to ensure that service users had access to hot meals, appropriate clothing and if living environment was cold, care staff were to check the reason why and report any concerns. In February 2018, staff were provided with details of the virtual dementia tour bus which was made available by the SEHSCT and encouraged to visit it if they so wished.

A review of a sample of staff monitoring visits evidenced that the agency placed importance on the quality of care provided to service users. Staff were monitored on ensuring that consent was given by service users for care tasks and that service users were treated equally with consideration being given to cultural values. Focus was also given to ensuring that care delivery maintained service users’ dignity and that choice was offered and independence promoted.

All of the service users and relatives spoken to by the UCO felt that care was compassionate. The service users and relatives advised that carers treated them with dignity and respect, and that care had not been provided in a rushed manner. Feedback from service users/relatives, confirmed that service users were given choice in regards to meals and personal care.

Views of service users and relatives had been sought by means of home visits, phone calls or questionnaires to ensure satisfaction with the care being provided by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Very pleased with them. They’re excellent.”
- “All very nice.”
- “The girls are lovely.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain 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 inspection assessed the agency’s management and governance systems in place to meet the needs of service users and drive quality improvement. The RQIA registration certificate was up to date and displayed appropriately. The operations manager and staff who met with the inspector could clearly describe staff roles, responsibilities and lines of accountability. Staff described the process for obtaining support from senior management if required. Staff comments included: “There is good communication with the management team and office staff and you always have access to on-call support if needed.” “There is always someone available to speak to us and they always get back to you if needed.”

Discussions with the operations manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed. Staff comments included: "I 100 per cent feel that I can raise any issues and would be supported." "It's a good company to work for, and you are supported."

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the operations manager confirmed that the agency had sought advice regarding their GDPR responsibilities, with some changes being implemented. The inspector recommended the person in charge to review guidance available on the RQIA website and to liaise with the HSCT's regarding their GDPR responsibilities.

A review of the agency's complaints records identified that complaints were typically responded to using a HSCT quality monitoring report. A sample of complaints from 2018 evidenced that the agency managed the complaints appropriately and detailed actions taken and identified learning outcomes. A review of the agency's complaints policy identified that it refers to only one of the three HSCT's who commission its services. The operations manager provided assurances that the policy would be revised to ensure that contact details for the complaints department of each HSCT are included.

The inspector discussed the notifications received by RQIA since the previous inspection in conjunction with the current statutory notification of incidents guidelines provided by RQIA. This discussion confirmed that some of the incidents had been unnecessarily submitted to RQIA. The operations manager demonstrated awareness that the incidents discussed remained reportable to the relevant HSCT's as part of their commissioning contract.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to June 2018. Samples of reports were viewed for April 2018, May 2018 and June 2018. Positive feedback was noted from consultation with service users and HSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion and carried forward to be reviewed the following month. The inspector advised that feedback from consultation with service users, relatives, staff and HSCT representatives should have a unique identifier so that feedback is traceable. The operations manager agreed to implement this.

Staff spoken to on the day of inspection confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff in the office.

Records confirmed that staff were or had applied to be registered with NISCC in line with the required timeframes and guidelines. The operations manager discussed the system introduced to identify when staff are due to renew registration and ensure this is completed. The operations manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration lapsed. A range of communication methods used by the agency to inform staff of their requirements as NISCC registrants were discussed and viewed and included discussion at staff meetings and information shared through the agency's newsletter. It was positive to note that staff were given guidance on how to maintain their NISCC post registration training and learning record online, with additional suggestions for learning opportunities.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The agency maintains an equality opportunities statement in its Statement of Purpose. The operations manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the operations manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The operations manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning HSCT. The data provided by the HSCT is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

The inspector reviewed the agency's Equality Policy, which referenced the Race Relations Act 1976 and 2000 and the Human Rights Act 1998. The inspector recommended that the agency review/revise the policy to ensure compliance with the full scope of anti-discrimination legalisation.

The UCO confirmed that all of the service users and relatives spoken to were aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2018</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3.</p> <p>Specifically with respect to a statement completed by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that no domiciliary worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3.</p> <p>Specifically, the statement completed showing that the person is physically and mentally fit for the purposes of the work he is to perform is now signed by the registered person.</p>

Please ensure this document is completed in full and returned via Web Portal



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