The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Prime Care**

Provider: **Prime Care Nicholas Ltd**

Date of Inspection: **27 February 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Prime Care Nicholas Ltd
Responsible Individual/Responsible Person:	Mr Joseph Raymond Nicholas
Registered Manager:	Miss Sheree Hill

Service Profile:

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) and South Eastern Health and Social Care Trust (SEHSCT).

2.0 Inspection summary

An unannounced inspection was undertaken on 27 February 2025, between 10.40am and 4.40pm 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), Service user involvement, restrictive practices and dysphagia management was also examined.

The two areas for improvement identified related to recruitment practices and service user input within care records.

Good practice was identified in relation to staff training and induction. There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those working in and receiving a service and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

3.2 What people told us about the service and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives, agency staff and HSC staff to seek their views of the agency.

Service users who spoke with the inspector after the inspection said that they were happy with the care and support provided and that staff were caring and kind. Two comments included the following statements; "They are unbelievable - they are caring thoughtful and respectful and know about my condition." And; "I am quite happy - they are very, very nice people and I wouldn't change them".

Relatives who spoke with the inspector said they were satisfied with the support provided to their loved one and had no concerns about the level of care provided.

Staff who spoke with the inspector were very positive in regard to the care delivery and management support within the agency. Two comments included the following statements; "I have been with the agency for over ten years. I like it and the training is good" and; "I love it – we get good training from the manager and I like the job. I can contact the manager if I am worried about anyone".

We spoke with one HSC employee who expressed satisfaction of the level of care provided by the agency and of the collaborative efforts of the manager to resolve issues that arise. They commented; “We have a good working relationship and find the service users are generally very happy with them”.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

We did not receive any responses from the questionnaires or staff electronic survey.

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

The last care inspection of the agency was undertaken on 5 September 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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 registered 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 every two years 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 in 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 however advice was given to the registered manager in respect of developing a tracking system so that any trends relating to adult safeguarding (AS) concerns can be easily identified. This should include consideration of any known outcomes of AS investigations which would aid in ensuring that staff are kept informed of any protection plans they may need to implement to protect service users from harm. This advice was accepted by the registered manager who has since revised the process on how safeguarding protection plans are recorded and shared with relevant staff as appropriate. This will be reviewed at a future inspection.

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. Incidents had been managed appropriately.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 2016 (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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

On review of other restrictive practices, such as the use of bedrails or lap belts, it was noted that there were no arrangements in place to collate information in respect of restrictive practices or review these interventions regularly to ensure that they are properly assessed by the multi-disciplinary professionals and not used for longer than is necessary. The registered manager acknowledged advice relating to the benefits for service users of implementing a centralised record of restrictive practices which would help ensure any restrictions are proportionately applied and kept under regular review. The management and record keeping of restrictive practice will be reviewed at a future inspection.

3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's recruitment records identified that pre-employment checks, including criminal record checks (AccessNI), were undertaken on all staff and verified before they commenced employment and had direct engagement with service users. However, one reference provided for an employee of the agency highlighted that a final warning had been issued in their previous employment. There was no evidence of thorough enquiry to obtain robust assurances as to the integrity of the employee. This oversight was addressed immediately by the registered manager who explored this with the reference provider and confirmed that there were no concerns in regards to the employee's character or conduct within their previous role. The need to ensure full information is obtained about prospective employees during the recruitment process has been identified as an area for improvement.

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 who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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. There was a robust, structured 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.

3.4.4 Staff Training and Development

A review of staff training records confirmed that all staff had been provided with adequate training commensurate with their role. The agency maintained an electronic record and a separate written record for each member of staff of all training, including induction and staff development activities undertaken. There were good systems in place to identify in advance if any staff member required refresher training and it was positive to note that trainers completed a competency assessment with each carer in attendance as part of the mandatory training process.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. 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 specialised equipment, directions for use were included in the care plan.

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. The registered manager advised that no service users required their oral medication to be administered with a syringe and was aware that should this be required a competency assessment would be undertaken before staff completed this task.

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.

There was evidence that staff received regular supervision and appraisals on an annual basis.

3.4.5 Care Records and Service User Input

A sample of service users' care records was examined and contained sufficient information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency and were kept under regular review.

There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Whilst the information contained in the care and support plans was key to service users' physical health and well-being, there was limited evidence of the inclusion of service users' individual preferences, likes and dislikes and how this informs the delivery of person-centred care and

support within the care records reviewed. Advice was given to the registered manager about the need to evidence a more person-centred approach within the care records so they are not overly task-focused. This was identified as an area for improvement.

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.

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. Staff who spoke with the inspector demonstrated a good knowledge of service users' wishes, preferences and assessed needs which was positive to note.

3.4.6 Governance & Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' 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.

RQIA is aware of a Serious Adverse Incidents(SAI) that is being investigated by the Belfast HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

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. The registered manager confirmed that no complaints had been received since the last inspection.

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.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sheree Hill, registered 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:** Regulation13 (a) **Stated:** First Time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless he is of integrity and good character. This relates to the need to robustly check the content of all references that are received prior to any care staff commencing work with service users. Ref: 3.4.3
	Response by registered person detailing the actions taken: HR aware any comments in regards to reference requests must be spoken with the new recruit and discussed. A written statement of the discussion should be noted and kept in HR file for reference. RM to be advised when this occurs for further feedback before any employment process can continue.
Area for Improvement 2 **Ref:** Regulation 15 (5) (a) **Stated:** First Time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that care plans contain details of service users' individual preferences, likes and dislikes and this clearly directs the delivery of person-centred care and support. Ref: 3.4.5
	Response by registered person detailing the actions taken: A new (get to know me) sheet has now be implemented and managers will be getting these filled in for current service users whilst monitoirng and a new sheet added to the consent form & consenus form that goes out to all new service users before returning to office. All information obtained will be added to our matrix for staff to avail of for client preferences.

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