The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: SV Premier Healthcare Ltd

Provider: SV Premier Healthcare Ltd

Date of Inspection: 18 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:	**SV Premier Healthcare Ltd**
Responsible Person:	Mrs. Sharon Vellem
Registered Manager:	Mrs. Sharon Vellem
Service Profile: SV Premier Healthcare provides a domiciliary care service since February 2025. Carers will assist service users with daily tasks such as personal care, cooking and cleaning and medications. The service also provides respite sits.	

2.0 Inspection summary

An unannounced inspection took place on 18 February 2025, between 12.30 p.m. and 2.30 p.m. The inspection was conducted by a care inspector.

This inspection focused on progress made since the pre-registration inspection on 20 September 2024 The service became operational on 4 February 2025 and currently has two service users. The manager is the only member of staff at present and recruitment is ongoing.

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. Service user involvement and care records were also reviewed.

Good practice was identified in relation to service user involvement and care planning.

There were no areas for improvement made.

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 registration information, and any other written or verbal information received from service users and relatives or staff.

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 staff 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.

The inspector spoke to a relative to seek their views of the service provided by the agency. They spoke highly of the service and praised the input from the manager who is also providing the care to their relatives. The relative said the service was fantastic and very professional.

No staff responded to the electronic survey. There were no questionnaires returned.

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 a pre-registration inspection undertaken on 20 September 2024 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records which were being processed confirmed that all pre-employment checks, including criminal record checks (AccessNI), will be completed and verified before staff members commence employment and have direct engagement with service users. Recruitment is ongoing in this new service and the manager discussed plans 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.

There were plans that all newly appointed staff will complete 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 structured induction programme which also included shadowing of a more experienced staff member. The time frames for induction were not included within the policy and following the inspection the manager emailed the new policy which outlined a three day induction.

The agency will maintain a record for each member of staff of all training, including induction and professional development activities undertaken. The review of training records evidence that the manager completed appropriate training to meet the needs of the service users but had not completed Safeguarding training at level three. The manager is the adult safeguarding champion; since the inspection this training has been completed and evidence of completion forwarded to the inspector.

There were no volunteers deployed within the agency.

3.4.2 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 plan to complete an annual Adult Safeguarding Position report.

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.

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.
The manager had also completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that no service users were subject to DoLS. A resource folder would be available for future staff to reference.

None of service users required assessment by Speech and Language Therapy (SALT).
A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The manager reported that none of the service users currently required the use of specialised equipment to aid mobility.

3.4.3 What are the systems in place to ensure service user involvement?

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had a very big input into devising their care plans. The service users care records contained details about their likes and dislikes and the level of support they may require. A relative confirmed that the service users' choices were considered and respected.

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

There were plans to put monitoring arrangements in place in compliance with Regulations and Standards. The agency had not been operational for a month at the time of the inspection but the manager was aware that reports of the agency's quality monitoring should include engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports should also contain information about complaints, accident/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements. These matters will be reviewed at a future inspection.

The agency plans to complete an Annual Quality Report when the service has been operational for a year.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Where staff are unable to gain access to a service users home, a system is in place that ensures that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

The agency's registration certificate was up to date and displayed appropriately.

4.0 Quality Improvement Plan/Areas for Improvement

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

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