The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Premium Care Solutions Limited**

Provider: **Premium Care Solutions Limited**

Date of Inspection: **27 June 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:	Premium Care Solutions Limited
Responsible Individual:	Mr Amrit Dehal
Registered Manager:	Ms Jetinder Garcha (Acting)
Service Profile Premium Care Solutions Limited is registered with RQIA as a domiciliary care agency. It operates from offices located in Kettering. Services are commissioned by the Northern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An announced inspection took place on 27 June 2025 between 10.20 am to 3.00 pm, this was conducted by a care inspector.

The last care inspection of the agency was undertaken on 19 March 2025 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the agency was well led, care delivery was safe and that effective and compassionate care was delivered to a service user. One area for improvement was identified in relation to recruitment practices.

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

The service user's relative said that care and support provided by Premium Care Solutions Limited was a good experience and of a high standard.

Full details, including the area for improvement, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the responsible individual, service user's relative, HSC Trust representative and staff for their support and co-operation during and following the inspection.

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, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the domiciliary care workers who work for the agency; and review/examine 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 and staff 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

We spoke to a service user's relative, agency staff, a HSC Trust representatives to seek their views of the agency.

The service user's relative told us that they had no concerns about the care and support provided. Staff were described as "well trained and professional" and that the service was "second to none". The relative was keen to express praise and gratitude for the care provided and the kindness and support received from staff.

Staff told us they enjoyed their job, they had no concerns about the agency and felt the management team were supportive, approachable and knowledgeable. They also shared that they felt confident to raise any concerns and that they found the training to be beneficial. Staff also told us that they were satisfied that the care and support was safe, effective, compassionate and well led.

A HSC Trust representative who provided feedback about the service described the agency as "excellent and fantastic". The HSC Trust representative advised that the agency provides a high standard of care and that the service user's needs were met safely.

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

3.3 Inspection findings

3.3.1 Staffing arrangements

A review of the agency's staff recruitment records confirmed that a number of pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Recruitment records were examined for two recently recruited domiciliary care workers. These records did not contain a statement of physical and mental fitness. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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.

Checks were made to ensure that staff were appropriately registered with NISCC. 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberty Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the management team to develop new skills and knowledge.

3.3.2 Management of Care Records and Care Delivery

The service user's care records were person centred and underpinned by a human rights approach, well maintained, regularly reviewed and updated to ensure they continued to meet the service user's needs. The care plan reflected a good understanding of service user's needs. Staff recorded regular evaluations about the care and support provided.

Where the service user required the use of specialised equipment, this was included within the agency's mandatory training programme.

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

3.3.3 Quality of Management Systems

We discussed the acting management arrangements which have been ongoing from 23 December 2024; RQIA will keep this matter under review. Those consulted with commented positively about the management team and described them as supportive and approachable. It was positive to note that the responsible individual spoke highly of the staff and this was reciprocated.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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 and staff. The reports included details of a review of service user care records; accident/incidents; staff recruitment and training, and staffing arrangements.

We reviewed the agency's complaints record. One complaint was recorded from the date of the last care inspection and was appropriately managed. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the management team and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the responsible individual and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with following the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision and staff meetings which they described in positive terms and found beneficial.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mr Amrit Dehal, Responsible Individual, 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) **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— (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This refers specifically to completing a statement of physical and mental fitness. Ref: 3.3.1
	Response by registered person detailing the actions taken: The area for improvement that has been identified during the inspection process was addressed without delay following the feedback provided in the inspection meeting. Recruitment processes have been amended to incorporate a requiremnt by the recruitment team to formally seek a sign off from the Registered Manager or the Nominated Person that they are satisified, based on the information that has been provided, that a potential member of staff is physically and mentally fit for the role for which they are being considered. That confirmation is to then be added to the staff member's recruitment records. This process is to apply to all recruitment practices for NI.

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

The Regulation and Quality Improvement Authority

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