The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Prime Care**

Provider: **Prime Care Nicholas Limited**

Date of Inspection: **15 January 2026**

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 Limited**
Responsible Individual/Responsible Person:	Mr Joseph 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 15 January 2026 between 9.50 am and 4.00pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 27 February 2025. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care; and if the service is well-led.

The inspection established that the service was well-led, that care delivery was safe and that effective and compassionate care was delivered to service users.

There were no new areas for improvement identified during this inspection Details of the findings of this inspection can be found in the main body of this report.

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 the 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 and receiving support by this agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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.

Comments from staff, service users and their relatives were positive. Service users advised that they were happy with the care staff and that they treated them well. A relative who provided feedback on the agency said that they were very satisfied with the care provided to their loved one and described the carers as "absolutely fantastic". Another relative who spoke with the inspector advised that carers engaged well with their relative and paid attention to the small details that were important to them. Staff who spoke with the inspector said that they were very happy in their roles and that the training was beneficial with good support from the manager. They confirmed they would have no hesitation in reporting poor practice.

One professional contacted for feedback said that Prime Care staff had been exceptional in providing care for service users with complex needs and that they had built positive relationships with service users which helped in meeting their care needs. Good communication with the office staff was reported.

3.4 Inspection findings

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 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 refresher training on an annual basis 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. Whilst a review of records confirmed that safeguarding concerns had had been managed appropriately and included evidence of robust protection planning, the storage and information contained within documentation required to be reviewed. For example, adult safeguarding referrals did not stipulate where they were sent to once completed, and there was no record of confirmation that they had been received by the relevant safeguarding recipients. The manager took on board advice around evidencing follow up within records. It was also recommended that a centralised system to track all safeguarding concerns arising within the agency be implemented to aid in identifying any trends / patterns arising. This should highlight the type of safeguarding concern alongside any follow up actions taken and protection plans required for the prevention and protection of harm of service users. This will be reviewed at a future inspection.

The agency retained records of all accidents/incidents and a review of these records indicated that they had been managed appropriately. The manager advised that all accidents and incidents are reviewed on a monthly basis as part of the monthly monitoring reporting process, however this did not utilise unique identifiers of the individuals concerned. Advice was given to the manager in relation to developing a centralised tracking record of all accidents/incidents arising to aid in swift identification of any patterns or trends. This would aid in confirming that all necessary actions were taken in line with policies and procedures. This will be reviewed at a future inspection.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 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. There was a policy in place for the use of restrictive interventions and the manager confirmed there were no restrictive practices in place for any of the service users within the service.

3.4.3 Staff Selection, Recruitment and Induction

An area for improvement identified during the previous inspection related to recruitment practices. A review of a sample of the most recently recruited staff confirmed that that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. There was evidence that further checks had been completed appropriately in respect of information provided within an employer reference. Where it was noted that references did not provide sufficient information, there was evidence that a third reference was obtained. On this basis the area for improvement was deemed to have been addressed.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff 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 which incorporated NISCC's Induction Standards for new workers in social care; this helps to ensure staff are 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 all training, including induction and professional development activities undertaken.

3.4.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role as part of their induction into the agency. It was positive to note that an assessment was completed by each staff member after training events to evidence their understanding and competence; these assessments were signed by the attending staff member and training coordinator. A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents. A review of the training matrix confirmed staff compliance with all mandatory training requirements.

The manager reported that a number of service users required the use of specialised equipment to assist them with moving and that this was included within the agency's mandatory training programme. Staff who spoke with the inspector advised that they felt that training was useful and that they were aware of the need to keep their mandatory training up to date.

All staff had been provided with training in relation to medicines management and were required to complete competency assessment prior to undertaking this task.

3.4.5 Care Records and Service User Input

An area for improvement identified at the last inspection related to care records. A sample of service users' care records was examined and contained information about the level of support required. It was positive to note that the agency had drawn up a "Getting to Know Me" document which was completed by agency staff with service users and/ or their representatives. This recorded knowledge about service user's likes and dislikes and was shared with staff and ensured that service users had an input into devising their care plans in line with person centred care planning. Where service users were unable to voice their opinions the agency worked with relatives and the commissioning trust to ensure best interests are served. On this basis the area for improvement was deemed to have been addressed.

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.

A number of service users were assessed by the Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded within the service user's care records. Staff who spoke with the inspector indicated that they were familiar with how food and fluids should be modified and that they implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.4.6 Governance and 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.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

A review of the system to manage complaints evidenced that one formal complaint received was managed through verbal communication only and whilst it had been resolved to the service user and representative's satisfaction, the outcome was not clearly recorded in line with their complaints policy and procedure. Advice was given to the manager in relation to how such complaints are managed and recorded and in particular, the need to review service user/ relative's feedback from quality monitoring calls to ensure that any issues raised are clarified and addressed as appropriate in line with the agency's complaints policy and quality monitoring processes. This will be reviewed at a future inspection.

There was a policy and procedure in place for staff who are unable to gain access to a service user's home.

5.0 Quality Improvement Plan/Areas for Improvement

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

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