

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Agency: SV Premier Healthcare Ltd (RQIA ID: 021048)	Name of Registered Person: SV Premier Healthcare Ltd Mrs Sharon Vellem (Responsible Individual)
Address of Registered Agency: SV Premier Healthcare Ltd (RQIA ID: 021048) 24 Station Lane, Ballygowan, Newtownards, BT23 5XJ	
Issue Date: 9 June 2026	FTC Ref: FTC000258
Regulation not complied with: <i>The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</i> Registered person — general requirements and training Regulation 11. - <i>(1) The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</i>	
Specific failings to comply with regulations: During an unannounced inspection on 14 May 2026, serious concerns were identified regarding a lack of robust governance arrangements and managerial oversight. Ms Vellum fulfils the roles of Responsible Individual and Registered Manager and is referred to as the Registered Person. The Registered Person confirmed that there were inadequate staffing arrangements within the agency to consistently meet the assessed needs of service users. Consequently, the agency subcontracted staff from a third party and these staff carried out calls to service users. Such sub-contracting arrangements are not permitted under Regulation. RQIA are concerned that there is inadequate oversight of these arrangements by the Registered Person to ensure that appropriate recruitment checks are carried out. An FTC notice (FTC000259) has been issued to the Registered Person.	

Review of governance records highlighted that the system for managing accidents and incidents was ineffective. There were no available templates for staff to use in order to report such an event and there was no system in place for the Registered Person, to monitor accidents and incidents in order to drive any necessary improvements in a sustained manner.

It was noted that there was no system in place, which would enable the Registered Person to regularly monitor adult safeguarding incidents. In addition, the agency's adult safeguarding policy and procedure lacked sufficient detail relating to how staff could report such concerns. Furthermore, there was no annual safeguarding position report in place.

It was noted that the agency's complaints policy erroneously referred to Nursing Home / Residential Care Home Regulations and Minimum Standards. On discussion with the Registered Person, RQIA was not assured that they were aware of the procedures to be followed by staff when managing a complaint. While it was confirmed that the agency had received one complaint since the agency's previous RQIA inspection on 18 February 2025, there were no associated records relating to the management of this complaint. As such, the Inspector was unable to verify what action, if any, had been taken by the agency in respect to this complaint and if the complaint had been satisfactorily resolved.

It was also identified that arrangements for managing the agency in the absence of the Registered Person were insufficient. In particular, no competency or capability assessment had been carried out for one individual designated to oversee the agency during periods when you were unavailable.

In addition, review of staff records highlighted that no competency assessments had been conducted to demonstrate that staff possessed the necessary capability to carry out their duties and responsibilities safely.

It was also concerning to note that only one of 10 care staff currently employed within the agency had evidence of a completed induction; and that this identified staff member had only recently completed their induction despite having been employed within the agency for a significant period of time.

Discussion with the Registered Person highlighted that only one supervision session had occurred with an identified staff member, for which there were no written minutes. The Registered Person also confirmed that no staff appraisals had been carried out.

Review of the current staff training records assessed the mandatory training compliance rate as 12.9%. However, training records were noted to be inaccurate and/or out of date.

Whilst the Registered Person stated that staff meetings had occurred, no formal minutes had been retained. In addition, an email summary of one such meeting had been sent to some staff members' personal email addresses despite containing sensitive service user information.

Review of the agency's staff and service user lists highlighted that these were inaccurate and out of date.

It was also noted that there was no comprehensive and up-to-date care plan in place for three further service users. In addition, one service user's care plan only detailed a list of prescribed medications while two service users' care plans highlighted that a review was overdue.

There was no system in place for quality assuring both governance and/or service user records within the agency. A review of a sample of service users' plans evidenced that there was a lack of sufficient detail in relation to identified care needs and associated risks. Of five service users' records reviewed, none contained any form of risk assessment despite assessed care needs having been identified, which would warrant such an assessment being in place.

There was no evidence of formal consultation having occurred by the agency with service users, their representatives or other stakeholders. While the Registered Person showed the Inspector a new survey tool, which had been developed recently for obtaining such feedback, this had yet to be implemented.

It was also noted that there was no annual quality report and that none had been completed since the agency was initially registered on 25 September 2024.

The Registered Person confirmed that there were no arrangements in place to facilitate completion of monthly monitoring reports and that none had been completed since the agency was first registered.

As such, RQIA is concerned that quality assurance arrangements are inadequate to identify such deficits and address them in a meaningful, consistent and timely manner .

Action required to comply with regulations:

The Registered Person must ensure that:

- the working pattern of the Registered Person is reviewed to enable them to maintain a meaningful presence within the agency and effectively carry out the role and responsibilities of Registered Manager
- there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency
- a detailed business continuity plan is in place so that in the event of inadequate staffing levels, safe and effective care is still delivered to service users at all times
- a robust system is developed and implemented in order to effectively manage all accidents / incidents, and which enables meaningful review of these to actively drive any necessary service improvements

- a robust system is developed and implemented in order to effectively manage all adult safeguarding incidents and which enables meaningful review of these to actively drive any necessary service improvements; this includes but is not limited to ensuring that an annual safeguarding position report is completed in respect of the agency
- an effective system is developed and implemented in order to manage all complaints in keeping with best practice and which enables meaningful review of these to actively drive any necessary service improvements
- an effective system is developed and implemented in order to ensure that a competent and capable person is in charge of the agency in the absence of the Registered Manager
- a robust system is developed and implemented to ensure that all staff are effectively managed at all times; this includes but is not limited to inductions, competency and capability assessments, staff meetings, supervisions and appraisals
- all staff complete their mandatory training and a system is developed and implemented to ensure that the training needs of all staff are proactively and effectively managed by the Registered Manager
- a robust quality assurance system is developed and implemented which enables the Registered Manager to meaningfully and proactively quality assure care delivery and service provision; this includes but is not limited to ensuring that all service user records are maintained in keeping with best practice, that meaningful engagement with all stakeholders is facilitated, and that an annual quality report is produced in respect of the agency
- all service users' care plans, risk assessments, consent forms, and service user agreements are maintained in a detailed, comprehensive, contemporaneous and person-centred manner at all times
- monthly monitoring reports are completed in a robust, thorough and timely way so as to identify deficits and drive any necessary improvements in a sustained and effective manner

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 4 August 2026

Signed 
Director of Adult Care Services

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.