The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Admiral Care Services (NI) Ltd

Provider: Admiral Care Services (NI) Ltd

Date of Inspection: 27 May 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:	Admiral Care Services (NI) Ltd
Responsible Individual/Responsible Person:	Ms. Dawn Elizabeth Smyth
Registered Manager:	Ms. Dawn Elizabeth Smyth
Service Profile – Admiral Care Services (NI) Ltd is a domiciliary care agency which provides a range of personal care services, meal provision and sitting services to people in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The services are provided in the areas of Newtownabbey, Greenisland, Carrickfergus, Larne, Carnlough and the surrounding areas. The Northern Health and Social Care Trust (NHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2025, between 10.15 a.m. and 1.50 pm. It was carried out by a care inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice (FTC Ref: FTC000238E1) initially issued on 3 March 2025 under The Domiciliary Care Agency Regulations (Northern Ireland) 2007; Regulation 11 (1) relating to the quality of managerial oversight and governance arrangements of the agency by the Responsible Individual/Registered Manager.

Following an inspection on 14 May 2025, there was insufficient evidence to demonstrate compliance and the notice was extended until 26 May 2025.

While it was noted during this inspection that management had taken some steps towards addressing the required actions stated within the aforementioned FTC notice, insufficient evidence was available to validate full compliance with the FTC Notice.

Further enforcement resulted as the outcome of this inspection. A meeting was held at RQIA on 10 June 2025 with the Responsible Individual, which resulted in the issue of a Notice of Proposal to impose Conditions on the registration of Admiral Care Services (NI) Ltd; this enforcement process remains ongoing.

Due to the focus of this inspection, the areas for improvement identified at a previous inspection were carried forward to be reviewed at a future 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 they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 FTC notice previously issued, the previously stated areas for improvement, registration information, and any other written or verbal information received in relation to the agency.

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

Due to the specific focus of this inspection, service users were not consulted with as part of the inspection process.

3.3 Inspection findings

FTC Ref: FTC000238E1

Notice of failure to comply with Regulation *11.- (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Registered person — general requirements and training

Regulation 11.- (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.

The Responsible Individual must ensure that:

1. governance arrangements are in place so as to ensure that the Registered Manager maintains a meaningful presence within the Agency which enables them to effectively oversee service delivery and care provision; this includes but is not limited to ensuring that the Registered Manager's working pattern is clearly evidenced at all times and specifies whether the Registered Manager is working on-site and remotely

2. a robust policy and procedure is developed and implemented which directs the Operations Manager and any other relevant staff in respect to the escalation of operational matters to the Registered Manager at all times

3. robust and effective selection and recruitment arrangements are in place in keeping with Regulation; this includes but is not limited to ensuring that suitable references are obtained for all staff and that there is evidence of all staff selection and recruitment having been quality assured by the Registered Manager

4. a robust system is developed and implemented to record and manage complaints in keeping with Regulation and best practice guidance; this includes but is not limited to ensuring that all complaints are regularly reviewed by the Registered Manager so as to identify and address deficits and drive quality improvement within the Agency

5. monthly quality monitoring visits and reports are robustly and comprehensively completed in keeping with Regulation; these reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual/Registered Manager; these reports must also evidence meaningful, timely and contemporaneous review by the Registered Manager on an ongoing basis

6. monthly quality monitoring visits facilitate robust and meaningful quality assurance of service provision and care delivery; this includes but is not limited to a review of: staff training records; service users' care records; feedback from service users, staff and other relevant stakeholders; registration of staff with NISCC; accidents and incidents; adult safeguarding incidents; and complaints management

7. a robust system is developed and implemented which enables the Registered Manager to proactively monitor and quality assure all staff training on an ongoing basis

8. a robust system is developed and implemented which enables the Registered Manager to proactively monitor the professional registration of staff with NISCC and any other relevant regulatory bodies; this also includes any relevant training by the Agency's Adult Safeguarding Champion

9. the Agency's Adult Safeguarding Position Report is completed by the Adult Safeguarding Champion in a robust and timely manner and that it contains all the necessary information based on the Northern Ireland Adult Safeguarding Partnership (NIASP) guidance

10. a robust system is developed and implemented to record and manage all adult safeguarding incidents in keeping with Regulation and best practice guidance; this includes but is not limited to ensuring that all adult safeguarding incidents are regularly reviewed by the Registered Manager so as to identify and address deficits and drive quality improvement within the Agency

11. a robust system is developed and implemented to ensure that an accurate and comprehensive restrictive practice register is maintained at all times; this includes but is not limited to ensuring that all service users' care plans and/or risk assessments make appropriate reference to any restrictive practices in place and that these are kept under regular review by the Agency in keeping with best practice.

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. Rotas were shared for a three-month period in relation to whether the Registered Manager's was working in the office or remotely. The rota accurately reflected the registered manager's work location on the day of inspection and could be accessed by office staff. However, during the course of the inspection, there was a lack of any further evidence to assure RQIA that the Registered Manager maintains meaningful and effective oversight of service provision. This action was not met.

2. The Delegated Authority Policy was reviewed with the person in charge. As noted at the previous inspection, this did not contain procedural guidance for staff on the reporting and addressing of concerns and issues to ensure timely and appropriate action is taken. Furthermore, it did not indicate the Director's responsibilities in relation to the reporting and management of safeguarding incidents. This action was not met.

3. Evidence was viewed of robust recruitment and selection of staff. However, there was limited evidence available of all staff selection and recruitment having been effectively quality assured by the Registered Manager. This action was not met.

4. There was a Complaints Log in place and supporting information such as the nature of the complaint, communication with the complainant, investigation information, outcome and service user satisfaction. There was no evidence of any analysis of potential trends and/or oversight by the Registered Manager. This action was not met.

5. The most recent monthly monitoring report had been shared with RQIA following the previous inspection. The action plan was not time bound and did not contain all issues raised in the report and there was no evidence of effective and meaningful oversight/review by the Registered Manager. This action was not met.

6. There was evidence of feedback from service users, staff and other relevant stakeholders; areas such as registration of staff with the Northern Ireland Social Care Council (NISCC) and areas for improvement stated within RQIA's most recent quality improvement plan had not been reviewed. This action was not met.

7. There was evidence of some improvement since the last inspection regarding the system used to record staff training. We were able to determine training compliance for all staff for a sample of mandatory training. There was no evidence of effective oversight by the Registered Manager. This action was not met.

8. There was evidence of NISCC registration checks being completed by the Operations Manager and a database had been maintained. This information was not reviewed at the monthly quality monitoring visits and there was no evidence of oversight by the Registered Manager. There was evidence that the Adult Safeguarding Champion had completed all necessary training. This action was not met.

9. There was evidence in place that this action had been met.

10. The Safeguarding Log for the agency could not be accessed during the inspection. It was emailed along with a copy of the agency's Safeguarding Policy to the inspector following the inspection. There was only partial evidence of the Registered Manager's regular review of safeguarding incidents within the agency. This action was not met.

11. A Restrictive Practice Register was in place. This contained relevant information and evidence of communication with the Trust to ensure/request assessments were completed. The register had been reviewed and updated; however, it was not evident who had completed and updated the Register and there was no evidence of effective oversight by the Registered Manager. This action was not met.

4.0 Conclusion

Evidence was not available to validate full compliance with all the actions contained within the FTC Notice (Ref: FTC000238E1).

Further enforcement resulted as the outcome of this inspection – see Section 2.0.

The Regulation and Quality Improvement Authority

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