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: 4 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:	Admiral Care Services (NI) Ltd
Responsible Individual:	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 4 February 2025, between 10.00am and 4.25pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

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. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and restrictive practices were also reviewed.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to: the lack of robust governance arrangements and managerial oversight. Deficits were noted regarding safeguarding which included the Adult Safeguarding Champions (ASC) training, the annual safeguarding position report and the knowledge and oversight of restrictive practices by the person in charge..

An intention to serve two Failure to Comply (FTC) notices meeting was arranged with the Responsible Individual/Registered Manager on 26 February 2025. The FTC notices were in respect of identified breaches under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely:

- Regulation 11 (1) relating to the registered person - general requirements and training
- Regulation 15 (9) (10) relating to the arrangements for the provision of prescribed services.

This meeting was attended by the Responsible Individual/Registered Manager, Director and the Operations Manager for Admiral Care Services (NI) Ltd. Prior to the meeting, RQIA were provided with an action plan and some assurances in relation to the concerns identified. However, RQIA were not assured that robust systems and processes were fully developed, implemented and embedded into practice to drive the necessary improvements regarding the deficits which had been identified.

As a result, one FTC notice was served under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, relating to:

- Regulation 11 (1) relating to Registered person - general requirements and training.

The date of compliance for the FTC is 12 May 2025. Actions required to be taken in order to ensure compliance with the Regulations are detailed in the FTC notice.

At the meeting, assurances were provided by the agency of the actions taken since the inspection and those they plan to take to ensure the improvements in relation to the oversight and management of restrictive practices. On the basis of this information, the decision was made not to serve the FTC Notice in respect of Regulation 15 (9) (10); however, an action in relation to this matter has been subsumed into the aforementioned FTC Notice in respect of Regulation 11(1).

Areas for improvement identified to be addressed through the Quality Improvement Plan (QIP) related to the statement of purpose (SOP), service users guide (SUG), staff handbook, the review of service users' care plans and contribution by the agency to Trust care reviews.

The last care inspection of the agency was undertaken on 11 January 2024 by a care Inspector. No areas for improvement were identified.

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

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 seek the views of those in receipt of care provided by the agency and those working for the agency. We also 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, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

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

As part of the inspection process we spoke with a number of staff and representatives from the commissioning Trusts. The feedback provided indicated that there were concerns in relation to aspects of the governance and managerial arrangements.

Two staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate. They indicated the service was well led.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

As discussed in section 2, serious concerns were identified regarding the lack of robust governance and managerial oversight of the agency.

There was no evidence of a meaningful presence by the Registered Manager as a rota reflecting their working hours was not maintained. The Operations Manager facilitated the inspection and appeared to be undertaking the management and oversight role of the Agency despite lacking the requisite professional qualifications for such a role as required by the Regulations. The Operations Manager was identified as the main point of contact for the Agency by a variety of staff and stakeholders during the inspection. RQIA was not assured that the Registered Manager is actively involved in the daily operation of the Agency.

The annual quality report provided following the inspection did not reflect an evaluation of the quality of services and did not include views of service users/representatives/stakeholders, overview of training, complaints and measures to improve the quality and delivery of the service. The quality monitoring reports contained staff and stakeholder questions which were not specific to their role; comments contained in the report appeared out of date and they were repeated from one report to another and action plans were not robust. There was no evidence that these reports had been reviewed by the Registered Manager. RQIA was therefore not assured that effective arrangements were in place to identify deficits and drive any necessary improvements in an effective and sustained manner.

There was a complaints policy and procedure in place outlining how complaints are managed. The person in charge advised the agency had not received any complaints since the last inspection. Expressions of dissatisfaction/complaints from service users were noted in the service user feedback section of the agency's monthly quality monitoring reports; however, they had not recorded as complaints. There was also no evidence to support that they had been addressed in accordance with the agency's policy and procedure. The agency did not maintain a complaints log which would strengthen the agency's oversight arrangements and allow for theme and trend analysis. I

The serious concerns identified above were discussed with the Responsible Individual/Registered Manager, Director and the Operations Manager for Admiral Care Services (NI) Ltd. on 26 February 2025. RQIA was not assured that robust systems and processes were fully embedded into practice to drive the necessary improvements in regard to the deficits outlined above. RQIA therefore issued a FTC Notice under Regulation 11 (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Actions stated within this notice require to be addressed by 12 May 2025.

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

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

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The Statement of Purpose required updating with RQIA's contact details and reference to policies and procedures.The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge agreed to submit the revised Statement of Purpose to RQIA, this was reviewed and required further updating. An area for improvement has therefore been identified.

The Service Users Guide required updating with RQIA's contact details, the terms and conditions of the services provided, including information on the payment of fees and information relating to complaints. An area for improvement has therefore been identified.

3.3.2 Staffing (recruitment and selection, induction and training).

A review of recruitment records evidenced that whilst pre-employment checks were in place, concerns were noted in relation to references. Some references had not been obtained from the staff members' current or most recent employer, nor from individuals with line management responsibility. Where the applicant's most recent employer did not provide a reference the agency did not consistently seek the next most recent employer. There were examples of the second reference being provided by management staff within the agency. This practice is not in adherence to the legislation.

The interview process was reviewed and written records were retained by the agency of the person's capability and competency in relation to their job role; however, interview records did not contain a scoring system. The manager may wish to consider using a scoring system to support the interview outcome.

A review of a number of staff professional registrations on the Northern Ireland Social Care Council (NISCC) register, confirmed that staff were appropriately registered. It was evident that the agency did not have a robust system in place to monitor the registrations of staff. Whilst the person in charge stated this information was monitored, a record of these checks was not maintained.

There was evidence that all newly appointed staff had completed 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, three-day induction programme which also included shadowing of a more experienced staff member.

RQIA was unable to ascertain if all staff were appropriately trained to provide safe care to service users. The person in charge stated all staff were compliant in all training; however, a training matrix had not been maintained and dates staff completed training was not evident.

The serious concerns identified above were discussed with the Responsible Individual/Registered Manager, Director and the Operations Manager for Admiral Care Services (NI) Ltd. on 26 February 2025. RQIA was not assured that robust systems and processes were fully embedded into practice to drive the necessary improvements in regard to the deficits outlined above. RQIA therefore issued a FTC Notice under Regulation 11 (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Actions stated within this notice require to be addressed by 12 May 2025.

The Staff Induction Handbook requires updating in relation to safeguarding information. The handbook did not reference the most up to date regional safeguarding guidance. An area for improvement has been identified.

The agency maintains a number of policies and procedures to direct and support them in their day to day work. This includes an operational policy that clearly directs staff from the agency as to what actions they should take to manage and report if they are unable to gain access to a service user's home.

There were no volunteers deployed within the agency.

3.3.3 Care Records

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Review of service users' care plans evidenced that they had not been updated annually by the commissioning Trust. It was further noted that the agency did not complete an independent review of the care plans. There was evidence, however, of the agency contacting the Trust, on occasions, if changes occurred and care plans required updating. An area for improvement has been identified.

3.3.4 Safeguarding and Deprivation of Liberty Safeguards (DoLS)

Serious concerns were identified regarding safeguarding and restrictive practices, which included a lack of effective oversight by the Registered Manager/Responsible Individual and the role of the Adult Safeguarding Champion (ASC)

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures and staff handbook did not reflect the Department of Health's (DoH) most recent regional policy. The organisation had an identified ASC, however they were unable to provide evidence they had completed the training commensurate to this role. The agency has subsequently confirmed the ASC has secured a place to complete this training in March 2025 and in the interim have completed the following online courses: Designated Safeguarding Lead training, Safeguarding Level, Safeguarding Level 2, Safeguarding Level 3.

The agency's annual Adult Safeguarding Position report was reviewed and it did not did not contain all the necessary information based on the Northern Ireland Adult Safeguarding Partnership (NIASP) guidance.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. As reported in section 3.3.2, training records were not available therefore RQIA was not assured that all staff was compliant with this training. 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 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 agency did not have a register of restrictive practices. Staff did not have a clear understanding of restrictive practices. The person in charge confirmed bed rails were in use for some service users; however, was unable to provide details of what services users were subject to a restrictive practice, what restrictive practices were in use and if up to date risk assessments were in place for each. The agency agreed to complete a scoping exercise to determine the use of restrictive practices, maintain a restrictive practices register and ensure all necessary risk assessments were in place.

The serious concerns identified above were discussed with the Responsible Individual/Registered Manager, Director and the Operations Manager for Admiral Care Services (NI) Ltd. on 26 February 2025.

Whilst some assurances were provided and actions taken to date outlined at this meeting, RQIA was not fully assured that all the necessary improvements had been completed and were fully embedded into practice in regard to the deficits outlined above. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 15 (9) (10); however, an action in relation to this matter has been subsumed into the FTC Notice in respect of Regulation 11(1).

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 5 (1) **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure the Statement of Purpose contains all the relevant information as outlined in Schedule 1 of the legislation. Ref: 3.4.1
	Response by registered person detailing the actions taken: Statement of purpose updated and reprinted with all recommended updates and changes. All service users Home files replaced with newer version.
Area for improvement 2 **Ref:** Regulation 6 **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure the Service User Guide is updated with RQIA's contact details, the terms and conditions of the services provided, including information on the payment of fees and information relating to complaints. Ref: 3.4.1
	Response by registered person detailing the actions taken: Service Users guide updated and reprinted with all recommended updates and changes. All service users Home files replaced with newer version
Action required to ensure compliance with The Domiciliary Care Agency Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 14.3 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure the staff induction handbook is updated to reflect up to date regional safeguarding guidance. Ref: 3.4.2
	Response by registered person detailing the actions taken: Induction Handbook updated with all recommeneded information and utilised going forward.
Area for improvement 2 **Ref:** Standard 6.2 **Stated:** First time	The Registered Person shall ensure the agency participates in review meetings organised by the referring Trust. They should complete an annual review of the service users' care needs and/or attend Trust review meetings or contribute by submitting a written report prior to such meetings.

To be completed by: Immediate from the date of inspection	Ref: 3.4.3
	Response by registered person detailing the actions taken: Reviews are generally set up by Social Workers. All SW's contacted, many believed we did not need to be invited to reviews unless there were specific issues to be discussed. Have made all aware that we need to be invited and toprovide any relevant information. Laos discussed with Senior Trust staff to roll out awareness to their teams. We have since contacted Social Workers to ask for reviews where we believe they are due.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews