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: 14 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 14 May 2025, from 9.15 am to 12.30 pm by a care Inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice (FTC Ref: FTC000238) 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 in particular by the Responsible Individual/Registered Manager. The date of compliance for the notice to be achieved was 12 May 2025.

Whilst management had taken some action to address the required actions stated within the notice, sufficient evidence was not available to validate full compliance with the FTC Notice. RQIA considered the inspection findings and it was decided to extend the compliance date of the FTC Notice. FTC Ref: FTC000238E1 was issued with compliance date to be achieved by 26 May 2025.

Due to the focus of this inspection, the areas for improvement identified at a previous inspection were carried forward to be reviewed at the next 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 recently issued, the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users, staff or the Commissioning Trust.

The findings of the inspection were discussed with the management team by way of a telephone call on 16 May 2025.

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

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

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection 4 February 2025</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 5 (1)

Stated: First time</td><td>The Registered Person shall ensure the Statement of Purpose contains all the relevant information as outlined in Schedule 1 of the legislation.</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</td></tr>
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Area for improvement 2 **Ref:** Regulation 6 **Stated:** First time	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. **Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 14.3 **Stated:** First time	The Registered Person shall ensure the staff induction handbook is updated to reflect up to date regional safeguarding guidance. **Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**
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. **Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**	**Carried forward to the next inspection**

3.4 Inspection findings

FTC Ref: FTC000238

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:

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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. A rota in relation to the Registered Manager's work pattern was not readily available. On the day of inspection, the office staff advised they did not have any knowledge of a rota. They stated the Registered Manager was in the office three to four times per week; however, were not aware when she was in due to the location of her office. The Operations Manager was contacted regarding the rota and subsequently, the assistant care team managers were provided with the rota for May 2025 and the password to enable them to access the document. The rota included the Director, Registered Manager and the Operations Manager, and not those of the assistant care team managers. This rota did not reflect that there was no managerial presence on the day of inspection. The inspector was advised that one of the assistant care team managers; who had been employed by the agency since October 2024, was the person in charge however there was no competency assessment undertaken in relation to this staff member's fitness to cover in the manager's absence. The staff present did not have access to all the information in order to facilitate the inspection.

2. An escalation policy is a crucial mechanism for safeguarding service user safety and quality of care, particularly when dealing with unexpected events. A policy and procedure to direct the Operations Manager and any other relevant staff in respect to the escalation of operational matters to the Registered Manager was not available. The Escalation / Delegated Authority Policy was shared following the inspection, however it did not contain procedural guidance for staff on the reporting and addressing 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.

3. The staff present were unable to provide access to recruitment and selection records, therefore compliance in this area could not be assessed.

4. Whilst the agency had created a complaints log which contained information such as the nature of the complaint, communication with the complainant, investigation information, outcome and service user satisfaction, there was no evidence of theme/trend analysis and/or oversight by the Registered Manager.

5. The staff present at the inspection did not have access to the monthly quality monitoring reports. These were shared with RQIA following the inspection and whilst some changes were noted since the FTC notice was issued, further improvements were required particularly in relation to the stakeholder and staff feedback and the completion and review of action plans in order to drive improvement. There was also no evidence of oversight by the Registered Manager.

6. As stated above.

7. The training matrix had been further developed since the previous inspection however, there continued to be gaps in the records. Confirmation was provided that the Adult Safeguarding Champion had completed all necessary training commensurate with their role. We were unable to determine training compliance for all staff due to gaps in the record. There was no evidence of oversight by the Registered Manager.

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

9. The agency's Adult Safeguarding Position Report was shared with RQIA following the inspection and was assessed as satisfactory. This action was assessed as met.

10. The record of safeguarding incidents was not available on the day of inspection. During discussions with a member of staff during the inspection, a potential safeguarding incident was identified. A review of the service user's records confirmed the incident had been reported to the Trust Social Worker however it was not clear if a referral had been made to the Trust's Adult Safeguarding Team. A robust system to record and track safeguarding incidents was not evident. There was no evidence of oversight by the Registered Manager.

11. Staff confirmed a review of all service users' care plans was completed in Feb 2025 to establish what restrictive practices were in use. A restrictive practice register had been developed. The register contained relevant information and evidence of communication with the Trust to ensure/request assessments were completed. The register had been reviewed and up to dated, however it was not evident who had completed and updated the log and there was no evidence oversight by the Registered Manager.

4.0 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notice.

The FTC notice has been extended and compliance must be achieved by 26 May 2025.

The Regulation and Quality Improvement Authority

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