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: 11 September 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:	Mr Jonny Hoy

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 the agency's services.

2.0 Inspection summary

An unannounced inspection took place on 11 September 2025, between 10.00 am and 2.30 pm. It was carried out by two care Inspectors.

This inspection was undertaken to assess compliance with the conditions imposed in relation to the registration of Admiral Care Services (NI) Ltd by RQIA on 21 August 2025. These conditions were as follows:

1. The Responsible Individual must ensure that the necessary improvements are made to achieve sustained compliance with the actions stated within the Failure to Comply Notice (FTC000238E1) first issued on 3 March 2025.

2. The Responsible Individual must submit an improvement plan to RQIA outlining all actions being planned/taken to achieve and sustain compliance with the actions outlined in FTC000238E1. The improvement plan must specify: the actions being planned/taken; the staff member responsible for and timescale for achieving each action and evidence meaningful and regular review by the Responsible Individual. The improvement plan must be submitted to RQIA no later than 5.00 pm on 30 June 2025 and 4 weekly thereafter until further notice.

3. The Responsible Individual must not accept any new referrals to the agency without prior approval by RQIA.

There was sufficient evidence to demonstrate full compliance with all of the conditions. The conditions were removed subsequent to this inspection.

Due to the focus of this inspection, the areas for improvement identified at a previous inspection on 4 February 2025 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 Notice of Decision and 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

NOD Ref: NOD000140

1. The Responsible Individual must ensure that the necessary improvements are made to achieve sustained compliance with the actions stated within the Failure to Comply Notice (FTC000238E1) first issued on 3 March 2025.

The actions outlined in this Failure to Comply Notice are as follows

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 Responsible Individual:

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

- Rotas were shared in relation to the manager's presence. The manager maintains an office presence Monday to Friday 9 am to 5 pm. The Manager's Absence Policy outlines the arrangements when the manager is off. It clearly states the Responsible Individual or Director would provide cover. The manager confirmed that during these periods these individuals would appear on the rota. There were no periods of planned leave on the rota viewed, as it was not applicable to that timeframe; however, it was evident during a previous inspection in May 2025, as the manager had planned leave. The Escalation/Delegated Authority Policy and Staff Handbook viewed provided evidence of these arrangements. Whilst both documents contained information in relation to on-call, it was suggested the manager should add more detail in relation to the on-call arrangements. This action was assessed as met.

- The Delegated Authority Policy/Escalation Policy was reviewed. This document contained procedural guidance for staff on the reporting and addressing of concerns and issues to ensure timely and appropriate action is taken. Furthermore, it also indicated the Director's responsibilities in relation to the reporting and management of safeguarding incidents. The staff handbook also provides information to guide staff in these matters. This action was assessed as met.

- Evidence was viewed of robust recruitment and selection of staff. There was evidence available of all staff selection and recruitment having been effectively quality assured by the manager. This action was assessed as met.

- The complaints folder contained a log of complaints received. The records provided an overview of the investigation, communication with complainant, outcome and the complainant's satisfaction. This system could be further strengthened by the addition of a brief summary of the concern to the log, the manager agreed to add this detail. The manager signed the complaints overview forms. There was evidence that complaints were reviewed as part of the monthly monitoring visits and they were discussed at the senior management team (SMT) meetings. Managerial oversight reports were viewed and it was evident there was oversight by both the Responsible Individual and manager. The information gathered feeds into quarterly overview reports. The manager plans to use the quarterly reports to inform the agency's annual quality report. There was evidence of team meeting during which complaints and any learning from them are shared as necessary. This action was assessed as met.

- The most recent monthly monitoring reports viewed contained information relating to a number of key performance indicators. The action plans were time bound and there was evidence of effective and meaningful oversight/review by the manager and the senior management team. This action was assessed as met.

- The monthly monitoring reports contained 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 been reviewed. This action was assessed as met.

- There was evidence of 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 evidence of effective oversight by the manager and senior management team. This action was assessed as met.

- There was evidence of NISCC registration checks being completed by the manager and a database had been maintained. This information was reviewed at the monthly quality monitoring visits and there was evidence of oversight by the manager and senior management team. There was evidence that the Adult Safeguarding Champion had completed all necessary training. This action was assessed as met.

- The Agency's Adult Safeguarding Position Report had been completed by the Adult Safeguarding Champion in a robust and timely manner and contained all the necessary information based on the Northern Ireland Adult Safeguarding Partnership (NIASP) guidance. This action had been assessed as met at the previous inspection on 25 May 2025.

- The Adult Safeguarding (ASG) Policy has been updated to reflect the correct terminology and in line with current regional policy and procedures. The agency maintains a log of safeguarding concerns/incidents. There have been no new ASG incidents since the last inspection to review. All relevant documents and all relevant information relating to ASG concerns were retained on Admiral Book the agency's online platform. There was evidence that ASG concerns were reviewed as part of the monthly monitoring visits and they were discussed at the SMT meetings. Managerial oversight was evident. Communication between the agency and the Trust was evident. This action has been assessed as met.

- A restrictive practices register was in place and found to be satisfactory. The register contained relevant information and evidence of communication with the Trust. The register was regularly reviewed and kept up to date. It was evident the agency were proactively engaging with the Trust to ensure that risk assessments were updated. There was evidence that restrictive practices were reviewed as part of the monthly monitoring visits, they were discussed at the SMT meetings, and managerial oversight was evident. This action has been assessed as met.

2. The Responsible Individual must submit an improvement plan to RQIA outlining all actions being planned/taken to achieve and sustain compliance with the actions outlined in FTC000238E1. The improvement plan must specify: the actions being planned/taken; the staff member responsible for and timescale for achieving each action and evidence meaningful and regular review by the Responsible Individual. The improvement plan must be submitted to RQIA no later than 5.00 pm on 30 June 2025 and 4 weekly thereafter until further notice.

   The agency submitted improvement plans outlining the ongoing actions taken by them to address each action outlined in the FTC notice and indicating their progress in achieving compliance.

   The agency were assessed as compliant with this condition.

3. The Responsible Individual must not accept any new referrals to the agency without prior approval by RQIA.

The commissioning Trust were fully aware of the enforcement action and the conditions placed on the agency's registration. The manager confirmed they had not received nor accepted any new referrals. They were assessed as having fully complied with this condition.

4.0 Conclusion

Evidence was available to validate full compliance with all the actions contained within the Notice of Proposal issued on 13 June 2025 under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). The notice confirmed our proposal to impose conditions in relation to the registration of Admiral Care Services (NI) Ltd (RQIA ID: 11280). The agency was assessed to have achieved compliance following which the conditions were removed from the registration with immediate effect on 15 September 2025.

The Regulation and Quality Improvement Authority

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