

Inspection Report

Name of Service: SV Premier Healthcare Ltd

Provider: SV Premier Healthcare Ltd

Date of Inspection: 14 May 2026

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:	SV Premier Healthcare Ltd
Responsible Individual/Responsible Person:	Mrs. Sharon Vellem
Registered Manager:	Mrs. Sharon Vellem
Service Profile: SV Premier Healthcare Ltd is a registered Domiciliary Care Agency which provides a service within the Southern HSC Trust area. The agency seeks to assist service users with daily tasks such as personal care, cooking and cleaning and medications. The service also provides respite sits.	

2.0 Inspection summary

An unannounced inspection was undertaken on 14 May 2026 between 10.00 am and 3.45 pm by a care Inspector.

The last care inspection of the agency was undertaken on 18 February 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

Enforcement action resulted from the findings of this inspection. The inspection identified serious concerns in relation to the lack of robust governance arrangements and managerial oversight of the agency. Deficits were also identified in relation to selection and recruitment processes; the quality of records; and quality monitoring processes.

As a result of inspection findings, RQIA required the Responsible Individual to attend a meeting in line with RQIA's enforcement procedures. A meeting with the intention to serve four Failure to Comply (FTC) notices was held on 2 June 2026 in respect of identified breaches under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely:

- Regulation 11(1) relating to management and governance arrangements
- Regulation 13 (a)(b)(c)(d) relating to the fitness of domiciliary care workers supplied by an agency
- Regulation 15(1)(2)(a)(b)(c)(3)(b)(c)(d) relating to arrangements for the provision of prescribed services
- Regulation 23(1)(2)(1)(a)(b)(i)(ii)(c)(4)(5) relating to assessment of quality of services

At the meeting, RQIA was provided with limited assurances regarding identified deficits in relation to governance and managerial arrangements including the selection and recruitment of staff. Therefore, RQIA determined it was both proportionate and necessary to serve two FTC notices in relation to management and governance arrangements (Ref: FTC000258) and in relation to the selection and recruitment of staff (Ref: FTC000259). The date of compliance for each FTC notice is 10 August 2026. Actions required to be taken in order to ensure compliance with the Regulations are detailed in the FTC notices.

During the meeting, assurances were provided in relation to the quality of care records and monthly monitoring arrangements. On that basis, it was decided not to serve FTC Notices in relation to those deficits.

Details of our enforcement procedures and the notices issued can be found on our website www.rqia.org.uk.

No other areas for improvement were identified apart from those deficits addressed within the aforementioned FTC Notices, which have been served.

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 SV Premier Healthcare Ltd 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, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users in receipt of care and support as well as their representatives; staff working for the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires, an electronic survey, email and telephone contact details.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service user representatives consulted commented positively about the Responsible Individual/Registered Manager (hereafter, the 'Responsible Individual').

A service user's representative told us, "I work well with Sharon. Sharon is very proactive. We work well together. It is relaxed and efficient".

Another service user's representative told us that the agency "work really hard with consistency of care". One service user's representative shared concerns in respects of one staff member's conduct and practice. The service user's representative advised that this was not typical of their experience of the agency and that they had discussed their concerns with the Responsible Individual.

Staff feedback consistently reported a positive experience of employment with SV Healthcare Premier Ltd. Staff told us that they had sufficient time to complete all care and support tasks safely, whilst permitting adequate travel time between calls. One staff member described management as "supportive, approachable, and professional" whilst management's communication with staff was reported as being "clear and respectful".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to induction, regular training and continued supervision and support.

During discussions with the Responsible Individual they confirmed that there were inadequate staffing arrangements within the agency to consistently meet the assessed needs of service users. Consequently, some calls to service users had been carried out by staff supplied to the agency by third parties. These sub-contracting arrangements involved the use of care staff supplied by Support Care Recruitment Ltd (RQIA ID: 12233) and a staffing provider named Raphael's Silverwings which is not registered to operate as a Domiciliary Care Agency in Northern Ireland. Such sub-contracting arrangements are not permitted under Regulation; the lack of effective oversight arising from this arrangement in regard to the selection and recruitment of these sub-contracted staff is considered further below.

Significant concerns were identified in relation to the selection and recruitment of staff. Review of a sample of selection and recruitment records evidenced that these were inadequate and not in keeping with Regulation. For example, it was noted that information in relation to staff member's interviews; proof of identity; staff employment histories; fitness declarations; and suitable references, had not been obtained and/or carried out in keeping with best practice. It was also noted that there was no system in place to confirm the suitability of staff who were required to undertake driving duties as part of their role.

Records reviewed highlighted that one substantive staff member had been deployed with no enhanced AccessNI check in place. It was also confirmed following the inspection that a further three staff, whom Raphael's Silverwings, had supplied, had been deployed despite having no enhanced AccessNI in place. While enhanced AccessNI checks had been carried out by Support Care Recruitment Ltd (RQIA ID: 12233) in respect of two staff supplied by that agency to SV Premier Healthcare Ltd, there was no evidence that this had been confirmed by SV Premier Healthcare Ltd prior to their use.

It was also concerning to note that where one enhanced AccessNI check had been obtained and a trace highlighted, no corresponding risk assessment had been carried out.

Discussion with the Responsible Individual and review of records highlighted that an inadequate system was in place for proactively monitoring the registration of staff with the Northern Ireland Social Care Council (NISCC). There was no evidence that such checks had been completed since the agency was first registered.

It was also identified that the agency was continuing to deploy two employees despite their NISCC registration having not been obtained within the stipulated timeframe. Furthermore, the agency utilised staff from external providers without any assurances regarding their NISCC registration status, criminal background, training and/or experience.

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

Staff training arrangements were considered. Training records were noted to be inaccurate and/or out of date. It was also concerning to note that the current staff compliance rate in respect of mandatory training was 12.9 per cent as produced by a system utilised by the agency. We were told that induction training had been undertaken by all staff supplied by an external provider. However, certificates to evidence completion of such training were not available for all staff, and as such, we were unable to determine the level of training compliance.

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.

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

No supervision records were available during the inspection. In discussion with the Responsible Individual we were told that only one supervision session had occurred with an identified staff member, for which there were no written minutes. We were also told that no staff appraisals had been carried out.

These shortfalls were discussed with the Responsible Individual during the meeting on 2 June 2026 and are addressed within the served Failure to Comply Notices referenced in Section 2.0.

3.3.2 Care Delivery and Management of Care Records

While the Responsible Individual stated that staff meetings had occurred, no formal minutes had been retained. In addition, an email summary of one such meeting had been shared with staff in a manner not in keeping with best practice. During the meeting held on 2 June 2026, the Responsible Individual was directed to inform the Information Commissioner's Office (ICO) of the identified data breach.

Evidence was subsequently submitted to RQIA by the Responsible Individual evidencing that the agency was now appropriately registered with the ICO and that they had sought support from the ICO in regard to the identified data breach.

Issues were identified regarding the accuracy of service users and staff lists retained by the agency. Assurances were received during the meeting held on 2 June 2026 that this information had been reviewed and appropriately updated.

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.

It was also noted that there was no comprehensive and up-to-date care plan in place for three 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.

It was also noted that two service users' care records did not contain relevant next of kin details.

Service user agreements and consent forms were not available for review on the day of inspection.

These shortfalls were discussed with the Responsible Individual during the meeting on 2 June 2026 and are addressed within the served Failure to Comply Notices referenced in Section 2.0.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Sharon Vellem has been the Responsible Individual / Registered Manager in this agency since 25 September 2024.

The management of complaints was reviewed. 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 Responsible Individual, we were not assured that they were aware of the procedures to be followed 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.

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 Responsible Individual, to monitor accidents and incidents in order to drive any necessary improvements in a sustained manner.

The management of adult safeguarding was considered. It was noted that there was no system in place, which would enable the agency 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.

The Responsible Individual 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 were concerned that quality assurance arrangements are insufficiently robust so as to identify such deficits and address them in a meaningful, consistent and timely manner.

There was no evidence of formal consultation having occurred by the agency with service users, their representatives or other stakeholders. While the Inspector was shown 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.

These shortfalls were discussed with the Responsible Individual during the meeting on 2 June 2026 and are addressed within the served Failure to Comply Notices referenced in Section 2.0.

4.0 Quality Improvement Plan/Areas for Improvement

All breaches of Regulations and Standards identified as a result of this inspection have been subsumed into the issued FTC notices issued referenced in Section 2.0.



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