The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: SV Premier Healthcare Ltd

Provider: SV Premier Healthcare Ltd

Date of Inspection: 4 August 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 Health and Social Care Trust (SHSCT) area. The agency seeks to assist service users with daily tasks such as personal care, cooking, cleaning and medications. The service also provides respite sits.	

2.0 Inspection summary

An announced inspection was undertaken on 4 August 2026 between 09.30 am and 4.00 pm by a care Inspector.

The inspection was undertaken to assess compliance with the actions required within two Failure to Comply (FTC) notices (FTC Ref: FTC000258, FTC000259) issued on 9 June 2026 under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007:

- 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

The date of compliance for the FTC notices was 4 August 2026. The outcome of this inspection evidenced that sufficient improvements had been made by the management team within the SV Premier Healthcare Ltd to comply with all the actions within the FTC notices. No new areas for improvement were identified during this 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 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 information held by RQIA about this agency was reviewed. This included the previous QIP issued, registration information, and any other written or verbal information received from service users, their representatives, staff or the commissioning Trust.

3.2 What people told us about the service

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

3.3 Inspection findings

FTC Ref: FTC000258 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:

- the working pattern of the Registered Person is reviewed to enable them to maintain a meaningful presence within the agency and effectively carry out the role and responsibilities of Registered Manager.

- there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

- a detailed business continuity plan is in place so that in the event of inadequate staffing levels, safe and effective care is still delivered to service users at all times.

- a robust system is developed and implemented in order to effectively manage all accidents / incidents, and which enables meaningful review of these to actively drive any necessary service improvements.

- a robust system is developed and implemented in order to effectively manage all adult safeguarding incidents and which enables meaningful review of these to actively drive any necessary service improvements; this includes but is not limited to ensuring that an annual safeguarding position report is completed in respect of the agency.

- an effective system is developed and implemented in order to manage all complaints in keeping with best practice and which enables meaningful review of these to actively drive any necessary service improvements.

- an effective system is developed and implemented in order to ensure that a competent and capable person is in charge of the agency in the absence of the Registered Manager.

- a robust system is developed and implemented to ensure that all staff are effectively managed at all times; this includes but is not limited to inductions, competency and capability assessments, staff meetings, supervisions and appraisals.

- all staff complete their mandatory training and a system is developed and implemented to ensure that the training needs of all staff are proactively and effectively managed by the Registered Manager.

- a robust quality assurance system is developed and implemented which enables the Registered Manager to meaningfully and proactively quality assure care delivery and service provision; this includes but is not limited to ensuring that all service user records are maintained in keeping with best practice, that meaningful engagement with all stakeholders is facilitated, and that an annual quality report is produced in respect of the agency.

- all service users' care plans, risk assessments, consent forms, and service user agreements are maintained in a detailed, comprehensive, contemporaneous and person-centred manner at all times.

- monthly monitoring reports are completed in a robust, thorough and timely way so as to identify deficits and drive any necessary improvements in a sustained and effective manner.

Action taken by the registered person:

1. The appointment of a new Team Leader within the agency has supported the capacity of the manager to maintain a meaningful presence within the agency and effectively carry out the role and responsibilities of manager. There was a reduction in hours of direct care and/or support being completed by the manager.

2. The agency had recruited two full time staff from the date of the previous inspection. A number of successful applicants were also pending confirmation of start dates. With consideration of current commissioned hours of care/support it was determined these could be effectively met by the agency's staff. This was further supported by review of the agency's incidents relating to late and/or missed calls.

3. The business continuity plan was reviewed and found to be robust, containing assessment and action plans to mitigate against potential impact upon service provision. The response plan in relation to staffing shortages was broken down into three stages based on the severity of staffing difficulties being experienced. Associated action plans appeared appropriate to minimise potential risk to service users.

4. The agency had devised, implemented and delivered bespoke training to staff in use of a new system relating to incident, accident and safeguarding reporting. The staff dashboard permitted ease of access to associated templates, moreover it was positive to see definitions included for staff reference.

Once populated by staff these forms automatically alert the manager and generated information directly onto the relevant tracker. Columns within the tracker captured all relevant information. There was evidence that this was actively in use within the service with a number of incidents/accidents reviewed.

The agency's accident and incident policy was found to be satisfactory. Information was presented in an accessible manner and clearly explained reporting requirements, such as those required under the Health and Safety Executive (HSE) for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and RQIA's Statutory Notification of Incidents and Deaths.

5. The policy and procedure reviewed was detailed and robust and found to include relevant external agency contact details. The system for staff provided a high level overview which concisely detailed types of abuse, expected response and other actions to be considered. It was positive to see the types of abuse not typically detailed, for example modern day slavery, forced marriages, female genital mutilation (FGM) and radicalisation featured.

Information presented to staff on the reporting dashboard promoted consideration of whether an incident, accident or any other circumstances contain safeguarding concerns. As with incident/accident report templates, safeguarding-related reports are automatically forwarded for the attention of the manager, with the information populated onto the agency's tracker.

The safeguarding position report had been completed and found to be satisfactory.

6. The complaints policy and procedure was reviewed and was found to be satisfactory and compliant with Northern Ireland Public Services Ombudsman (NISPO) Model of Complaints Management. There was evidence that information was appropriately shared with service users and their representatives on how to make a complaint.

The categorisation of complaints permitted effective analysis of complaints received. The tracker utilised by the agency provided a concise overview and timeline of the management of complaints. To fully align with NISPO's Model of Complaints Management discussion occurred with the manager to ensure final response to complaints is provided in writing and a record of this correspondence retained by the agency. The manager was receptive to feedback provided and agreed to taken necessary action to implement this practice with immediate effect. This will be reviewed at a future inspection.

7. The agency had devised and commenced implementation of a suitable competency assessment process to assure any person's left in charge of the agency in the absence of the manager had the suitable knowledge and competencies to safely oversee daily operations of the agency.

8. The agency were found to have reviewed their induction process and developed new templates to ensure compliance with expectations outlined within the Regulations and

Standards. Following a probationary period, this process also sees competency of employees assessed and signed-off by the registered manager.

A new system had been implemented by the agency to record and plan supervision and appraisals. A discrepancy was noted within the agency's documentation regarding the expected frequency that supervision is to occur. This was highlighted to the attention of the manager who agreed to review the agency's policies, procedures and documentation and amend as needed to assure consistency across all records is apparent.

9. A new system had been implemented by the agency to enable efficient monitoring of mandatory training compliance. The system was able to produce a report which presented information in a comprehensive manner. One mandatory training had a low compliance rate and upon further discussion with the d manager it was discovered that this had incorrectly been classified as essential. This was immediately rectified and assurances were provided by the manager that this would be followed up with respective staff to assure compliance was achieved. This will be reviewed at a future inspection.

10. Service user and service user representative surveys had been finalised and distributed from the date of the previous inspection. It was positive to find that they agency had commenced completion of quarterly feedback reports, which analysed and set actions as needed in accordance to feedback received.

As part of the monthly quality monitoring visits the monitoring officer was also completing spot checks. The report template was found to contain a record of feedback received directly from service users and/or their representatives, as well as staff.

The manager communicated awareness as to the necessity to complete an annual quality report, this will be reviewed at a future inspection.

11. A review of a sample of service user records identified significant improvements in regards to the quality of service user records, with crucial information readily available and triangulation evident across service user records such as initial assessments, care plans and risk management plans. Evidence available demonstrated a review had occurred in respects of all service users' care.

Service agreements were evident in all of the service user records reviewed. Consent was included within the service agreement, however to further strengthen this an additional document had been developed by the agency and shared with service users and/or their representatives. The inspector was able to review signed copies.

12. One quality monitoring report had been completed by the agency from the date of the FTC notice being issued. This report reviewed information pertaining to both June and July 2026. The layout of the report was easy to follow and prompted assessment of the agency across an array of areas such as feedback, training, staff registration, incident/accidents, complaints, safeguarding. The report included appropriate actions, which if completed would drive continued service improvement.

FTC Ref: FTC000259 Notice of failure to comply with Regulation 13 (a)(b)(c)(d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Fitness of domiciliary care workers supplied by an agency

Regulation 13

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

(a) he is of integrity and good character;
(b) he has the experience and skills necessary for the work that he is to perform;
(c) he is physically and mentally fit for the purposes of the work which he is to perform; and
(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3

SCHEDULE 3

INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS

1. *Name, address, date of birth and telephone number.*
2*. Name, address and telephone number of next of kin*
3. *Proof of identity, including a recent photograph.*
4*. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any.*
5. *Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position.*
6*. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom.*
7. *Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.*
8. *A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.*
9. *Details of physical and mental health record, including immunisation status.*
10. *A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.*
11. *Details of any professional indemnity insurance.*
12. *When Part V of the Police Act 1997 is commenced in Northern Ireland, either—*
(a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or
(b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act.

The Responsible Individual must ensure that:

- a robust system is developed and implemented in order to ensure that all staff are selected and recruited in keeping with Regulation and best practice at all times.

- a system is developed and implemented which enables them to quality assure all staff selection and recruitment records in a meaningful, effective and ongoing manner.

- enhanced AccessNI checks for all relevant staff are completed and robustly scrutinised by the agency prior to those staff members being actively engaged in regulated activities involving service users.

- an effective system is developed and implemented which enables them to manage the registration of staff with the Northern Ireland Social Care Council (NISCC) in a proactive and timely manner.

- all staff involved in the selection and recruitment of staff have received training in selection and recruitment and that such training is periodically reviewed in keeping with best practice.

Action taken by the registered person:

1. Selection and recruitment policy and procedure was reviewed and found to appropriately align with expectation outlined within the Regulation and Standards. A system developed by the agency presented necessary information in an accessible manner. Additional safeguards were built into the system to ensure that an applicant could not progress to the next stage until all necessary requirements were addressed. All associated records and documentation were easily retrievable for review of the inspector.

2. The system utilised by the agency prompts those overseeing the recruitment process to verify each element of the process. Upon review and uploading of associated documentation such as identification documentation and references, the individual overseeing recruitment are then required to confirm satisfaction to proceed to next stage on the tracker.

The manager advised they reviewed this information on a regular basis, and the system also had capacity to enter notes as required. The quality monitoring process also reviewed elements of the agency's selection and recruitment practices.

However, gaps in employment history were identified for two new employees. When highlighted for the attention of the manager, immediate action was taken and evidence made available to the inspector that this had been addressed. Discussion took place regarding possible measures to mitigate against a similar recurrence arising in the future, and the manager agreed to take appropriate action as necessary. This will be reviewed again at a future inspection.

3. There was evidence that all domiciliary care staff employed had an enhanced Access NI check on file and a system was in place to robustly scrutinise these checks once received.

4. The agency have devised and implemented a new electronic system to monitor registration status of employees. The system highlighted employees for whom registration was pending, as well as those who would be required to take action in the coming weeks to ensure that their registration was maintained.

5. Those involved in the selection and recruitment of staff had a training date secured with an external provider.

Continued and embedded improvement in this agency will be monitored by RQIA through future inspection activity.

4.0 Conclusion/Quality Improvement Plan

There was evidence to validate overall compliance with the two FTC notices and no new areas for improvement being identified. Findings of the inspection were discussed with Mrs. Sharon Vellem, Responsible Individual as part of the inspection process and can be found in the main body of the report.

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