

# Inspection Report

## 10 September 2021



## Armour Complex

Type of service: Domiciliary Care Agency  
Address: 6 Newal Road, Ballymoney, BT53 6HD  
Telephone number: 028 2766 1800

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Heather Louise McElwee
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 4 June 2009
<b>Person in charge at the time of inspection:</b> Mrs Heather McElwee	
<b>Brief description of the accommodation/how the service operates:</b>	
<p>Armour Complex is a domiciliary care agency which provides a range of personal care, reablement and support services to people living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. Service users have a range of needs relating to dementia, mental health, learning disability, sensory impairment and physical disability.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 September 2021, at 10.00am to 1.30pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 3.0 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.

The inspection focused on:

- Contacting the service users, their relatives, HSCT representatives and staff to obtain their views of the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey was provided to enable staff to feedback to the RQIA.

#### 4.0 What people told us about the service

We spoke with three service users and three staff. Two service user/relative questionnaires were received and the respondents indicated they were either very satisfied or satisfied that the care being provided is safe, effective, compassionate and well led.

In addition received feedback one HSCT representative. No electronic responses were received from staff members.

#### Comments received during inspection process:

##### Service users' comments

- "The girls are more than good."
- "I couldn't be happier with the service."
- "I look forward to those girls coming."
- They're very good. They are doing a great job in very trying circumstances."

##### Staff comments

- "I am very happy at my work at present."
- "I am glad to be able to go to my work and I feel all of us in homecare are making a positive different to our service users and their families."
- "If I have any issues or concerns, I know I can speak to my manager."
- "Safeguarding training was interesting and the trainers covered all the information very well."

##### HSCT representatives' comments

- "Communication with the service is good. If the named worker is not available to take a call, an email is usually sent to our duty officer so that anything urgent can be dealt with. It is also easy to get in touch with the Home Care Officers."
- "The team are particular about ensuring that documentation is up to date – care plans, risk assessments, permission for medication forms, amendment forms etc so we are regularly reminded by the Home Care Officers to complete these to ensure they are up to date."

## 5.0 The inspection

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

The last inspection to Armour Complex was undertaken on 27 February 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that six adult safeguarding referrals had been made since the last inspection. It was noted that all the safeguarding referrals had been managed in accordance with the agency's policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS Level Two training appropriate to their job roles. It was discussed with the manager that no service users are subject to DoLS.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department within the NHSCT.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

There was evidence that staff had completed training in relation to dysphagia and this training is incorporated into the induction for staff.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and NHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that two complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Heather McIlwee, registered manager, as part of the inspection process and can be found in the main body of the report.



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