

Unannounced Care Inspection Report 27 February 2020



Armour Complex

Type of Service: Domiciliary Care Agency
Address: 6 Newal Road, Ballymoney, BT53 6HD
Tel No: 028 2766 1800
Inspector: Corrie Visser

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Armour Complex is a domiciliary care agency which provides a range of personal care, rehabilitation and support services to people living in their own homes in the Ballymoney area. Service users have a range of needs relating to dementia, mental health, learning disability, sensory impairment and physical disability.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Heather Louise McElwee
Person in charge at the time of inspection: Mrs Sandra Kane	Date manager registered: 4 June 2009

4.0 Inspection summary

An unannounced inspection took place on 27 February 2020 from 10.00 to 13.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

All service users, relatives and staff spoken with stated they were very happy with the care and support provided.

No areas requiring improvement were identified during the inspection.

Evidence of good practice was found in relation to the process for completing Access NI checks, managing staff registration with the Northern Ireland Social Care Council (NISCC) and the robust information contained in service users' care plans.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 26 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 November 2018.

5.0 How we inspect

Prior to inspection, we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could provide feedback via an electronic questionnaire. No responses were received for inclusion within this report.

In addition, ten questionnaires were also provided for distribution to the service users and their representatives to give service users and those who visit them the opportunity to contact us after the inspection with their views; no responses were returned within the timeframe for inclusion within these report.

Following the inspection the inspector spoke with four service users, two staff and three service users' relatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 26 November 2018		Validation of compliance
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		
Area for improvement 1 Ref: Standard 3.3 Stated: First time	The registered manager ensures that the care plan includes information on: <ul style="list-style-type: none"> • the care and services to be provided to the service user • directions for the use of any equipment • the administration or assistance with medication • how specific needs and preferences are to be met • the management of identified risks 	Met
	Action taken as confirmed during the inspection: The inspector reviewed four service users' care plans and noted that the agency was compliant with Standard 3.3. The care plans were robust and were tailored to meet the needs of the service users.	

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources department. The inspector reviewed confirmation of Access NI checks for four staff members before they were provided with a start date for employment. Discussions with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards, 2011. They had knowledge of the requirement to ensure that Access NI checks were completed for staff employed.

The agency has a system in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC) and that registration of each staff member is maintained. A review of 131 staff members confirmed that all staff were currently registered with NISCC as required. The inspector noted that the manager had a system in place for monitoring registration status of staff with the relevant regulatory body on a monthly basis. Staff were aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

Service users' comments included:

- "The girls are going grand with me."
- "I am happy enough."
- "All the girls are very good."
- "They are good surely."

- “The girls are friendly and respectful.”
- “I am very happy with the quality of care.”
- “I have no complaints about the girls.”

Relatives’ comments included:

- “They are very good girls.”
- “No complaints.”
- “The girls are very chatty and homely people.”
- “I am 100% happy.”
- “No problems whatsoever.”
- “The girls are very respectful.”

Staff members’ comments included:

- “There is good support from management.”
- “Training is beneficial.”
- “I feel we have enough time to complete the calls to the service users.”
- “Spot checks and supervision are done regularly.”
- “We have team meetings twice a year which I find beneficial and informative.”
- “My line manager is very good.”
- “Training is so important and my line manager reminds us to book on.”
- “If we have any issues, my line manager speaks to us individually and deals with it in a timely way.”
- “I have never had any concerns or complaints in the 5 years I have worked here.”
- “My line manager ensures there is an allocated time for travel between calls.”
- “I feel I have enough time for calls to be completed to service users.”

Areas of good practice

Areas of good practice were identified in relation to the process for the completion of Access NI checks in conjunction with the human resources department, staff registration with NISCC and the robust information contained in service users’ care plans.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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