



The Regulation and  
Quality Improvement  
Authority

Armour Complex  
RQIA ID: 10947  
Newal Road  
Ballymoney  
BT53 6HD

Inspector: Caroline Rix

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**Unannounced Care Inspection  
of  
Armour Complex**

**15 February 2016 and 16 February 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 15 February 2016 from 15.00 to 17.30 hours and 16 February 2016 from 09.30 to 11.30 hours. Overall during the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern HSC Trust/ Anthony Baxter Stevens	<b>Registered Manager:</b> Margaret Alexandra (Sandra) Kane
<b>Person in Charge of the Agency at the Time of Inspection:</b> Margaret Alexandra (Sandra) Kane	<b>Date Manager Registered:</b> 4 June 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 433	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

#### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Consultation with three staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives on 2 and 3 February 2016 to obtain their views of the service. The service users interviewed live in Coleraine and surrounding areas, and receive assistance with the following: management of medication, personal care and meals.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Two staff questionnaires were received following the inspection; feedback was discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff quality monitoring records
- Staff duty rotas for February 2016
- Staff Handbook
- Service user compliments received during 2015 to February 2016
- Three complaints records
- Monthly monitoring reports for November 2015 to January 2016.
- Annual quality report
- Procedure for management of missed calls

- Management staff daily contact log records/on call logs for November 2015 to February 2016
- Missed call record and follow up actions
- On call rota
- Three communication records with trust professionals
- Duty file
- Incidents reportable to RQIA in 2015/2016.

## 5. The Inspection

Armour Complex is the office for two Northern HSC Trust domiciliary care agencies which provide services within two separately managed areas, Ballymoney and Coleraine/Moyle.

Under the direction of the Manager, Sandra Kane, a team of 187 staff provide a variety of services, from domestic duties to personal care, to those with complex needs including re-ablement. These services are provided in the Coleraine and Moyle areas of Northern Ireland. The services are provided across all programmes of care to 433 service users in their own homes, although the majority of service provision is provided to older people. The Northern HSC Trust commissions their services.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 17 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (6)	The registered manager is required to expand their "Handling Service Users' Monies" procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the "Handling Service Users' Monies" procedure had been expanded to include staff guidance on emergency shopping and had been shared with staff teams.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref: Standard 12.3</b>	The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.  <b>(Restated from 27 &amp; 29 January 2014)</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff training records evidenced that staff have been provided with manual handling update training in line with best practice guidance. With the exception of eight staff due to their absence for career breaks, long term sick leave or maternity leave; these staff are scheduled for training in March 2016.	
<b>Recommendation 2</b> <b>Ref: Standard 8.17</b>	The registered manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that all management staff have completed update training on mandatory subject areas.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from the HSC Trust care managers/social workers contained information regarding service user and their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

#### Is Care Effective?

All of the people interviewed confirmed that they are aware of whom they should contact if any issues arise. Three people had made a complaint to the agency; two are satisfied with the outcome and one is ongoing regarding timekeeping. This matter was discussed with the registered manager during inspection and on review of the complaints record found the issue of call times was being appropriately managed.

The complaints log was viewed by the inspector, with three received from April 2015 to February 2016. The three complaints records reviewed evidenced each had been appropriately managed and, where possible, resolved to the service user/relatives satisfaction.

The inspector reviewed a sample of the 112 compliments received during the last year which contained extremely positive feedback regarding the care provided and this had been shared with staff at team meetings and individually.

Questionnaires are sent out by the organisations governance department to a sample of service users or their representatives of the agency to obtain the views of the service received. Records of the 2014/2015 Service Annual Quality Report was viewed which contained feedback from service users and/or representatives. The sample size of 30 was discussed by the inspector with the registered manager and area manager. It was confirmed that the area manager would review this process with their Governance department with a view to consider increasing this number.

Management visits are taking place on a regular basis to discuss their care as well as observation of staff practice. Service users' feedback had been recorded during care review meetings in service users' homes, with details of requests being implemented and comments shared with staff.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. One staff practise issue was identified during the spot checks and appropriate action is being taken to address the matter.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Northern Trust. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Brilliant. I would give them 100%"
- "Same girls all the time."
- "Couldn't say a bad word about them."
- "Absolutely nothing to complain about."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included working with service users with limited mobility, dementia and Multiple Sclerosis.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Three staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day.

Two staff questionnaires were received following the inspection day. These staff confirmed they were satisfied with the training received in relation to core values and communication methods. Both staff indicated that they did not feel enough time was allocated to listen and talk with service users, and one staff member was unsatisfied that service users views were being responded to appropriately. These areas were discussed with the registered manager who confirmed that, where identified, additional time was requested from the care manager/social worker to meet service users' needs and that the views of service users are regularly sought and actions taken as necessary.

### Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls and the inspector was shown records of five missed calls since May 2015 and appropriate actions had been taken in respect of each missed call. These records evidenced an effective process was in place to reduce the risk of any service user not receiving their planned call.

The inspector discussed on call arrangements with the registered manager and area manager who confirmed that the on call arrangements outside of office hours do not cover all designated working times. The inspector was advised that there is limited on-call service between 07.30 and 09.00 hours, 17.00 and 18.00 and after 23.00 hours with the arrangement during these hours handled via a central contact point at Holywell hospital site. The area manager indicated that this on call service provides staff with support and advice but does not have access to the full details relating to service users, staff rotas and contact details of these persons. The inspector was advised that this matter has been discussed within HSC Trust and the area manager confirmed is being reviewed to address this deficit. The inspector found no records of incidents or concerns that had occurred during these particular times, and staff interviewed on the inspection day did not raise any concerns regarding their on- call support mechanisms.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

## Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's time keeping and they are usually contacted by the agency if their carer has been significantly delayed.

One service user advised of a problem with missed calls; however a complaint had been made and they were satisfied with the outcome. None of the other people interviewed had experienced any missed calls.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

Review of the February 2016 staff rota for four staff groups within two service areas reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system. Staff interviewed on the day of inspection confirmed that their rota was achievable and allocations had been made with staff input.

## Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

## Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with four reports received during the past year. Review of these medication incident reports evidenced that they had been recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate action had been taken and the matters have been concluded.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



**6.0 No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Sandra Kane	<b>Date Completed</b>	03/03/16
<b>Registered Person</b>	Dr Tony Stevens Una Cuning	<b>Date Approved</b>	03/03/16
<b>RQIA Inspector Assessing Response</b>	Caroline Rix	<b>Date Approved</b>	14/03/2016

Please provide any additional comments or observations you may wish to make below:

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