

# **Announced Care Inspection Report 11 January 2018**



## **Armour Complex**

**Type of Service: Domiciliary Care Agency/Conventional**

**Address: Newal Road, Ballymoney, BT53 6HD**

**Tel No: 028 2766 1800**

**Inspector: Jim McBride**

**Clair Mc Connell User Consultation Officer (UCO)**

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Assurance, Challenge and Improvement in Health and Social Care

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 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 services in Ballycastle and Coleraine. Under the direction of the registered manager, Sandra Kane, a team of 173 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 462 service users in their own homes, although the majority of service provision is provided to older people. The Northern HSC Trust commissions their services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Armour Complex  <b>Responsible Individual:</b> Mr Anthony Baxter Stevens	<b>Acting manager:</b> Mrs Margaret Alexandra Sandra Kane
<b>Person in charge at the time of inspection:</b> Acting manager	<b>Date manager registered:</b> 04 June 2009

### 4.0 Inspection summary

An announced inspection took place on 11 January 2018 from 09.30 to 13.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- Staff training
- Staff recruitment
- Quality monitoring.

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
<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 the acting manager as part of the inspection process and can be found in the main body of the report.

### 4.2 Action/enforcement taken following the most recent care inspection dated 09 February 2017

No further actions were required to be taken following the most recent inspection on 09 February 2017.

## 5.0 How we inspect

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

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

- Discussion with the acting manager
- Examination of records
- User consultation officer report (UCO)
- Evaluation and feedback.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The previous RQIA inspection report
- Any correspondence received by RQIA since the previous inspection
- Recruitment records 12 December 2017.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and seven relatives, by telephone, on 10 and 11 January 2018 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

During the inspection the inspector spoke with the acting manager regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of issuing this report one staff view had been returned to RQIA via Survey Monkey.

The following records were examined during the inspection:

- Monthly quality monitoring reports
- A number of care and support plans
- Staff training records including:
  - Safeguarding
  - Medication
  - Manual handling
  - Infection control
- Complaints records
- Safeguarding policy and procedures (2018)

- Staff induction policy and procedures
- Staff rota information
- Service user guide (August 2017)
- Statement of purpose (January 2017).

### **6.1 Review of areas for improvement from the most recent inspection dated 09 February 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 09 February 2017**

There were no areas for improvement made as a result of the last care inspection.

### **6.3 Inspection findings**

#### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the Northern Trust's homecare service. Care is, in the main, provided by regular carers or covering carers who are familiar with the needs of the service user.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; for example manual handling. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "They let me know if anything is wrong with XXX."
- "Couldn't have a better team."
- "Very pleased with them."

A number of policies and procedures were reviewed during the inspection. The inspector visited the agency's Human Resource Department on the 12 December 2017 to review a number of recruitment records, which verified that the pre-employment information and documents had been obtained as required for each of the care workers. The documents reviewed were satisfactory.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The agency's induction policy was updated in August (2017).

Discussions with the acting manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the acting manager; the inspector viewed rota information for weeks ending: 4/1/18, 11/1/18 and 18/1/18 the records in place were satisfactory.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines. The agency's acting manager confirmed the majority of staff are registered with (NISCC), with the remaining staff moving towards registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The draft policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency has highlighted the identification and role of an Adult Safeguarding Champion.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the acting manager confirmed satisfaction with the quality of training offered.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices suitable for the operation of the agency in line with the Statement of Purpose (2017).

One returned questionnaire from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

### **Areas of good practice:**

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

One issue regarding communication was raised with the UCO in regards to the service user or relative not being notified that their carers had been delayed. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. However no one was able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "More than happy with the service."
- "Doing a good job."
- "No issues at all."

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The acting manager explained that the agency attend the trust arranged care review meetings with service users/representatives.

The inspector noted some of the comments made by service users during their annual review:

- "I'm very happy with my girls."
- "All the girls are very good."
- "The staff could not be better."
- "The male carers are great."

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The acting manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The acting manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure if any changes to service users' needs are identified.

The inspector noted the positive feedback from service users who were asked to comment on the following during the agency's annual service user survey:

- Quality of homecare service overall.
- Do you find homecare staff to be caring and compassionate towards you?
- Did you receive a leaflet explaining the role and function of the Regulation and Quality Improvement Authority (RQIA)?
- Do homecare staff have enough time to carry out the tasks in your Care plan, without making you feel rushed in any way?

**Some of the comments made by service users during the annual survey:**

- "I could not get better."
- "They are very efficient."
- "They are mostly good at all times."
- "I could not ask for better care from them."
- "More and beyond what they should do."
- "Care is very good based on the basic homecare package\*\*\* receives."
- "They come in and do their job efficiently."
- "I find them very good at their job."
- "Never have I been made to feel rushed. They take time and with me and show a lot of patience."

One returned questionnaire from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them.
- Service users involved in the development of their plan of care.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.



Views of service users and relatives have been sought through home visits or phone calls to ensure satisfaction with the care that has been provided by the Northern Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "Go beyond what is on the care plan. Very thankful for the help."
- "They put XXX at ease when they started to call."
- "Lovely girls. They're just like friends."
- "Look after XXX very well."
- "Sometimes they talk to each other, not XXX."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the acting manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

The inspector noted some of the compliments received by the agency during the year:

- "The staff are all very good."
- "Staff are very accommodating."
- "I could not manage without the carers they set me up for the day."

Three returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

### **Areas of good practice:**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The majority of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that a complaint had been made regarding one carer and that they were satisfied as to how the complaint was handled by management.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Sandra Kane, a team of 173 care workers provides domiciliary care and support to 467 people living in their own homes.

Review of the statement of purpose and discussion with the manager evidenced that there was a clear organisational structure within the agency. The acting manager was able to describe staff roles and responsibilities and was clear regarding reporting responsibilities in line with the agency procedures.

The Statement of Purpose (2017) was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

It was identified from records viewed that the agency had received no complaints since the previous inspection.

The inspector reviewed a number of monthly quality monitoring reports. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Staff and the HSC Trust:

### **Service users:**

- "Staff are very good they have time to listen."
- "I can phone in if I have a problem."
- "I'm never embarrassed during my personal care as staff are a great support."
- "Staff are very approachable and always have time to listen to any concerns."
- "I never have to use the complaints system."

### **Staff:**

- "I rate the service as excellent."
- "I always give choice to service users."
- "I have regular supervision."

- “My mandatory training is up to date.”
- “I’m well trained.”
- “I’m aware of safeguarding procedures.”

#### **HSC Trust:**

- “The homecare officers respond to requests quickly.”
- “I have confidence in the competence of the homecare team.”
- “The training staff get is of a high standard.”
- “They pull out all the stops to get people home from hospital.”

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2017) and Service User Guide (2017) are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Three returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user’s needs.

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints, incidents, quality monitoring and improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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