



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: **Armour Day Centre**

Provider: **Northern Health and Social Care Trust**

Date of Inspection: **9 May 2025**

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:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mr Gerry Barr (acting)
Service Profile: This is a day care setting in Ballymoney that provides care and day time activities for people who have assessed needs relating to one or more of the following: learning disability, mental ill health, physical disability, sensory impairment or social isolation in older age. It is registered for 44 service users.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2025, between 9 am and 1.20 pm by a care Inspector. The last care inspection of the day care setting was undertaken on 8 August 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment, care plans and availability of records.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that they were very satisfied with the care and support provided by the Armour Complex staff.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 day care setting 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 we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending/visiting the day care setting; and the views of those working in the day care setting. Inspectors review/examine a sample of records to evidence how the day care setting placement agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they were very satisfied in relation to all aspects of the day care setting. Staff told us that they 'loved coming to work' and that they felt that if anyone was 'lucky enough to get a job there, they would be well supported'.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. It was noted that there was enough staff in the day care setting to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

There was a system in place to ensure that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was established that the reasons staff left their previous employments had not been consistently recorded. An area for improvement has been identified.

Additionally, requests for the Inspector to view employment references were not facilitated. This meant that it was not possible to verify the appropriateness of the references. An area for improvement in relation to the availability of records has been identified.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

All staff received regular supervision, including those supplied by recruitment agencies. Procedures were in place for appraising staff performance.

3.3.2 Care Delivery

There was a daily meeting at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. These meetings included information on the service users' specific modified diets, if any; and staff also attended 'safety pauses' prior to mealtimes.

Service users' needs were met through a range of individual and group activities such as gardening, pool, colouring, jigsaws, bingo, board games and quizzes. The service users were also supported to donate 'Trauma Bears' to the Northern Ireland Ambulance Service.

Staff interactions with service users were observed to be friendly and supportive.

Where a service user was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. The dining experience was an opportunity for service users to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that service users were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those service users who required a modified diet. It was clear that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

3.3.2 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before they first attended the day care setting. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were generally person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. However, it was identified that where a service user had fallen, the care plan relating to falls had not been updated. An area for improvement has been identified.

Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Additionally, whilst the eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan, the care plan was not explicit in relation to the level of supervision required. It would also be good practice for the care plan to reference the date of the SALT care plan was completed, as an additional assurance that the care plan is referencing the most current SALT care plan. This will be reviewed at a future inspection.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

3.3.3 Quality of Management Systems

There has been a temporary change in the management of the day care setting since the last inspection. Mr Gerry Barr has been the manager in this day care setting since 26 September 2024.

Service users and staff spoken with commented positively about the management team.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail. The annual quality report had also been completed.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a protocol in place for staff to follow where service users were found not to be at home or if they did not attend the day care setting as planned.

3.3.4 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

There were systems and processes in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A fire risk assessment had been completed on 25 May 2023. Fire safety checks were undertaken on a regular basis and all staff had taken part in a fire evacuation drill.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 21 (2)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the reasons staff left their previous employments are consistently recorded as part of the recruitment process.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person shall ensure the reasons staff left their previous employments are consistently recorded as part of the recruitment process. Recruiting managers will ensure that the reasons for leaving previous employments have been included on applications and if not, will clarify with candidates and record. This requirement will also be emphasised in Recruitment & Selection training clinics for managers.</p>
Area for improvement 2 Ref: Regulation 19 (3)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that all records are available for inspection; this refers specifically to recruitment records on the Amiquis electronic system; or otherwise via human resources, as requested.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person shall ensure that all recruitment records are available for inspection as required. Training will be provided to HR staff to ensure they are aware that such detail can be shared with the RQIA inspector when requested.</p>
Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 5.6 Stated: First time	<p>The registered person shall ensure that care plans are updated following any incident where a service user has sustained a fall.</p> <p>Ref: 3.3.2</p>

<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: The registered person will ensure that care plans and relevant risk assessments are reviewed and updated following a fall.</p>
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