

# Inspection Report

**Name of Service:**            **Armour Complex**

**Provider:**                    **Northern HSC Trust**

**Date of Inspection:**        **11 June 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b>	Northern HSC Trust
<b>Responsible Individual:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mrs Heather Louise McElwee
<b>Service Profile:</b> Armour Complex is a domiciliary care agency which provides a range of personal care and support to service users living in their own homes. Services are provided across 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 June 2025, between 9.30 am and 1.45 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 27 October 2023; and to determine if the agency 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 in relation to the the management of service users' care records and the on-call system in place to support the delivery of care.

Service users said that the care and support provided by the Armour Complex staff was a good experience.

As a result of this inspection two of the three areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement has been stated for the second time. Full details, including new 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 agency 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 agency. This included the previous Quality Improvement Plan issued, 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 the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

### **3.2 What people told us about the service**

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

Staff told us that they had no concerns to raise. There were no responses received by questionnaire or electronic survey, however, positive comments received from service users and their relatives were viewed within the monthly quality monitoring reports.

## **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.

The agency has a number of different staff roles. The Home Care Workers (HCWs) deliver the care to service users in their own homes. The Allocation Officers' (AOs) role includes managing the Health Care Workers (HCWs) rotas and covering any short notice absences. The Home Care Officers' (HCO) role includes line management responsibilities for the HCWs and they also coordinate many aspects of the service users' care and care records.

HCOs also have responsibility for 'out of hours'; this included being contactable at specific hours during the week and also at weekends. However, it was identified that there were specific gaps in the out of hours cover period.

For example, there was an hour and a half in the mornings and an hour in the evening, when the HCWs were unable to contact the HCOs/AOs to report any issues. RQIA is aware that there is a senior manager on-call, in the event that the HCWs needed to report instances where they were unable to gain access to a service user's home. Whilst this enables the senior manager to follow the Failure to Gain Access protocol, there were limitations to what the senior manager could act upon in such circumstances.

The gap in the out of hours' rota also leads to a 90-minute delay in reporting matters such as sickness/travel disruption that could potentially impact on the service users getting their calls on time. An area for improvement has been identified.

There was a system in place to ensure that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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

The agency maintained a record for each member of staff of all training and professional activities undertaken. The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). It was also good to note that plans were in place for staff to be provided with training in relation to Diabetes awareness and Stoma care.

Procedures were in place for appraising staff performance and review of records confirmed that supervisions had been undertaken with staff.

### 3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs.

Care plans were in place to direct staff on how to meet the service users' needs. The majority of risk assessments and care plans were in date and there was a service user spreadsheet (the A-Z) which the manager used to track renewal dates for the relevant documents. The care plans varied in their level of person-centredness; some were very detailed and person centred; whereas others contained just the tasks the HCWs were to complete. This was discussed with the person in charge for review and action as appropriate.

There was a small number of missed calls which had occurred due to extenuating circumstances; and these had been recorded in keeping with the agency's policy and procedures. It was also good to note that senior management had a process in place to overseeing instances where service provision may be disrupted.

There was a procedure in place for the collection of completed daily notes from service users' homes; however, review of the records identified that this was not happening on a regular basis.

For example, in three of the five records reviewed, the notes had not been collected in over a 12-month period. This meant, that whilst they had been audited, the audits were not meaningful

and would potentially be identifying a matter from the previous year. This was previously identified as an area for improvement and has been stated for the second time.

It was good to note that a system had been implemented to record any unneeded calls on the one page; this system would enable good oversight of any patterns that may emerge.

There was a good system in place to record when care records had been retrieved from service users' homes, when the service users care package ceased.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Heather McElwee has been the manager in this agency since 4 June 2009.

The agency 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 agency. The reports of these visits were completed in detail.

There was a process in place to manage complaints and incidents. 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.

The annual quality report had been completed; advice was given in relation to retaining the feedback received from service users/staff pertaining to Armour Complex. This will be reviewed at a future inspection.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Review of the records identified that the HCWs were reporting any potential safeguarding incidents appropriately.

There was a protocol in place for staff to follow where service users were found not to be at home.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	0

\* the total number of areas for improvement includes one that has been stated for a second time.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure; this relates specifically to the notes of service users who are in receipt of smaller packages of care.</p> <p>Ref: 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager has a system in place to record date range of service user held record books collected, date service user record audited completed and when the next audit is due flags up as in date or overdue.</p> <p>The registered manager will closely monitor this spreadsheet and reinforce with staff the importance of planning timely visits to ensure they meet their quarterly audits and keeping the system updated.</p> <p>The area manager will review and report on any decline or progress regarding the service user held record collection and record audits outstanding within the monthly quality monitoring audits.</p> <p>The registered manager will continue to remind staff to follow the SOP regarding timely collection of service user held records as soon as a package is ceased.</p> <p>In all circumstances where it has been impossible to collect service user records an incident report( Datix) will be completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that gaps in the out of hours cover arrangements are addressed with immediate effect; and ensure that all HCWs are aware of the escalation plan for immediately reporting instances where they fail to gain access to service users' homes; and any matters that may impact upon their ability to attend a call; the out of hours' system must be capable of reacting to any matters that arise and must not constitute a message receiving service until business opening hours.</p>

	Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> The registered manager will ensure all Home Care Workers are aware of escalation plan for immediate reporting. Contacting the 'Senior on Call' outside of the Out of Hours service and until business opening hours. This will ensure there is no gap in the Out of Hours cover arrangements.

***\*Please ensure this document is completed in full and returned via the Web Portal\****



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