



Inspection Report

Name of Service:	Armour Complex
Provider:	Northern HSC Trust
Date of Inspection:	11 May 2026

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 HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Heather Louise McElwee
Service Profile: 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 May 2026 between 9 am and 2.20 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 11 June 2025; 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.

Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as staff training, the recruitment process and the need to retain submitted safeguarding referral records.

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

As a result of this inspection one of the two areas for improvement previously identified had been addressed by the provider; and one was 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 information held by RQIA about this agency was reviewed. This included the QIP, 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.

Service users' representatives told us that they were 'perfectly happy' and that they had built up a bond with the care workers. They said that they had seen the care workers having a 'bit of craic and fun' with their relative. The relatives spoken with said that 'everything is fine' and that the care workers 'are doing their job rightly' and that they are 'so helpful' and 'definitely polite and respectful'. One comment included 'they would do anything' (for my relative).

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

Consultation with service users' representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

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.

Review of records identified a gap in employment history. It was explained to the Inspector that any gaps in the completion of the employment history are explored at the staff member's interview and that records of same are forwarded by the interview panel to the Trust human resources department. Following the inspection, the manager confirmed to RQIA that the identified gap had been explained. Advice was given in relation to ensuring that such records are retained in the staff members' personnel files going forward.

Whilst all staff are assessed by the Trust Occupational Health department, before commencing in post, there is also a requirement under regulation for the manager to sign a Declaration, as to the physical and mental fitness of the staff. An area for improvement was identified.

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 identified however, that staff who provided care and support to service users who had a learning disability, did not have any formalised training in this. An area for improvement was identified.

Appraisals were completed on an annual basis; and staff received onsite and individual supervisions in keeping with the agency's procedures.

3.3.2 Care Delivery and Management of Care Records

There was a process in place to manage staffing. At times, when the agency did not have sufficient staffing in place, due to staff sickness or annual leave, there was a service disruption process in place. This included handing back specific runs, or part thereof, so that the service users' calls could be offered to Independent Sector Providers; and runs were also merged where there was capacity to do so.

Consultation with service users' relatives identified that there were no concerns in relation to the service users receiving their calls in keeping with the care plan.

Where any calls had been missed, an incident report had been completed on the agency's Datix system. There was also a system in place to audit the daily notes from service users' homes. Where any missed calls were identified, these were included on the monthly quality monitoring reports. Further information in this regard is detailed in section 3.3.3.

Sometimes service users have more than one provider supporting them with their care needs. Advice was given in relation to the need for the manager to monitor such arrangements, particularly in terms of the need for the care workers to adhere to the call times; with specific consideration to any service users who are prescribed time-critical medicines.

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.

The majority of risk assessments, care plans and annual reviews 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. There was a system in place to escalate to senior management any difficulties the agency had, when requests for risk assessment renewals were not forthcoming. Advice was given in relation to using the A-Z to prioritise requests for same, prioritising those that are significantly out of date.

There was a procedure in place for the collection of completed daily notes from service users' homes; and it was good to note that compliance in this regard was included in the Home Care Officers' supervisions. An area for improvement, previously identified, was addressed.

It was good to note that a system had been implemented to record any un-needed 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.

The manager was aware of a number of service users who were experiencing a deprivation of liberty (DoL). Review of the care records identified that this was not explicit within the care plan; this was discussed with the manager who agreed to liaise with the service users' key worker in this regard.

The A-Z included any restrictive practices, such as bedrails; and the date the relevant risk assessment had been completed.

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. Advice was given in relation to the section on RQIA's previous QIP; this section should include a meaningful narrative, as to the progress being made in relation to each area for improvement. Advice was also given in relation to the layout of the action plan; this was to assign each action to the named individual responsible for carrying out the action. Actions that are being carried forward should note the number of times the actions are being carried forward; this should reduce incidences of actions being carried forward for consecutive months. For example, as referenced above, an action from a care record audit identified missing entries in the daily notes. Review of records identified that these had not been reported as being missed calls. Improvements in the way in which the monthly quality monitoring reports are actively managed, should result in any identified missed calls being reported in a timely manner. This will be reviewed at a future inspection.

There was a process in place to manage complaints. Advice was given in relation to the need for all complaint responses to be dated; this will be reviewed at a future inspection.

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.

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. Review of the incident reports, identified a number that had been reported to the Adult Protection Gateway Service. However, records of the reporting forms (APP1s) were not retained in paper format; this meant that it was not possible to review these. Whilst the relevant form was forwarded to the Inspector, after the inspection, it was not possible to confirm if the body map section of the form had been completed. An area for improvement was identified.

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.

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. The HCO's and the AOs worked collaboratively together to ensure that the service users received their calls when there were any HCW absences.

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, at the last inspection, that there were specific gaps in the out of hours cover period. Discussion with manager confirmed that the gaps in the out of hours cover period remain. The person in charge advised that senior management are currently reviewing the out of hours cover period. This was previously identified as an area for improvement and was stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* the total number of areas for improvement includes one that was stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Heather McElwee, Manager, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (1)(a) Stated: Second time To be completed by: Immediate from the date of the inspection	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. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has ensured 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.
Area for improvement 2 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the manager signs a declaration as to the physical and mental fitness of staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: The physical and mental fitness of new Trust staff members is determined by the Trust Occupational Health department. On receipt of completion of pre-employment checks from BSO Shared Services (of which an Occupational Health assessment is a part), the registered manager will add this to the staff member's file.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by:	The registered person shall ensure that the staff delivering care and support to service users, who are under the Learning Disability Programme of care, receive training in this regard. Ref: 3.3.1
	Response by registered person detailing the actions taken:

Immediate from the date of the inspection	Discussion ongoing regarding provision of Safety Intervention training access to staff delivering care and support to Complex service users, who are under the Learning Disability Programme of care. A place has been booked for training of a Homecare Safety Intervention Trainer for September 2026, this will support specific training for homecare staff when required, as an interim solution until the NHSCT agrees a longterm solution for training access for services.
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Area for improvement 2 Ref: Standard 14.7 Stated: First time	The registered person shall ensure that submitted APP1 forms are retained centrally; to ensure that the records are available for inspection purposes. Ref: 3.3.3
To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: Document outlining process for printing off completed APP1 forms shared with staff of the agency and advice given. Printed records will be held within a central secure filing system for inspection purposes.

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



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