



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:**            **Armour Complex**

**Establishment ID No:**            **10946**

**Date of Inspection:**            **16 February 2015**

**Inspector's Name:**            **Caroline Rix**

**Inspection No:**            **IN020286**

**The Regulation And Quality Improvement Authority**  
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**General Information**

|   |  |
|---|--|
| <b>Name of agency:</b>  | Armour Complex   |
| <b>Address:</b>   | Newal Road<br>Ballymoney<br>BT53 6HD   |
| <b>Telephone Number:</b>  | 028 27661800   |
| <b>E mail Addresses:</b>  | <a href="mailto:heather.mcelwee@northerntrust.hscni.net">heather.mcelwee@northerntrust.hscni.net</a> |
| <b>Registered Organisation /<br/>Registered Provider:</b>             | Northern HSC Trust<br>Dr Anthony Stevens   |
| <b>Registered Managers:</b>   | Heather Louise McElwee   |
| <b>Persons in Charge of the agency at<br/>the time of inspection:</b> | Heather Louise McElwee   |
| <b>Number of service users:</b>                                       | 318  |
| <b>Date and type of previous inspection:</b>                          | 29 January 2014<br>Primary Announced   |
| <b>Date and time of inspection:</b>                                   | 16 February 2015 from 9.30 am to 3.00 pm.<br>Primary unannounced inspection.                         |
| <b>Name of inspector:</b>   | Caroline Rix   |

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

|                     |   |
|---------------------|---|
| Service users       | 1 |
| Staff               | 3 |
| Relatives           | 9 |
| Other Professionals | 0 |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

| Issued To | Number issued | Number returned             |
|-----------|---------------|-----------------------------|
| Staff     | 40            | 6 plus 8 after closure date |

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>4 - Substantially Compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report.    |

## **Profile of Service**

Armour Complex Ballymoney 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, Heather McElwee, staffs of 143 provides a variety of services to approximately 318 service users in their own homes, which range from personal care and support, to domestic duties including reablement. These services are provided in the Ballymoney, Cloughmills, Dunloy areas of Northern Ireland. Their service users have assessed needs within the categories of frail elderly, those with learning disabilities, physical disabilities and mental health care needs. The Northern HSC Trust commissions their services.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Armour Complex was carried out on 16 February 2015 between the hours of 09.30 and 15.00. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Phone calls to service users and representatives were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these interviews were discussed with the registered manager.

The inspector had the opportunity to meet with three staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Armour Complex Ballymoney had one requirement and seven recommendations made during their previous inspections on 27 January 2014. The requirement was found to be 'compliant'. Six of the seven recommendations were found to be 'compliant' with one recommendation found to be 'substantially compliant'. This recommendation has been carried forward and included within the quality improvement plan (QIP) attached to this report.

One requirement and two recommendations (one restated from 27 January 2014) have been made in respect of the outcomes of this inspection of Armour Complex Ballymoney.

### **Staff survey comments**

40 staff surveys were issued and 6 (plus 8 after the closure date) received which is a disappointing response.

Some staff comments were included on the returned surveys as follows;

'I have always received the appropriate training and support from my line manager/supervisor to carry out my role as a homecare worker. I feel very confident doing my job because of this.'  
'An excellent manager, very approachable.'

'Lack of information on clients on extra rotas and information not passed on regarding clients away and returning to rotas. Team meetings not often enough.'

'Sometimes get frustrated when something is reported and we don't get feedback or it takes so long for the request to be carried out. Apart from that I feel I have good support from office staff and an excellent line manager.'

These matters raised were discussed with the manager.

### **Home Visits summary**

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and nine relatives on 4 and 5 February 2015 to obtain their views of the service being provided by the Northern Health and Social Care Trust's homecare service in the Ballymoney locality. The service users interviewed have been using the agency for a period of time ranging from approximately seven months to seven years and are receiving assistance with the following at least three times per week:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Northern Trust. The majority of the people interviewed had never made a complaint about the agency, however all were aware of whom to contact should any issues arise. One relative advised that a complaint had been made regarding timekeeping and length of calls; the complaint was dealt with to their satisfaction. Examples of some of the comments made by service users or their relatives are listed below:

- "The carers are excellent."
- "Worth their weight in gold."
- "Wonderful to have consistent carers as my XXX is confused."
- "Absolutely fantastic."
- "Can't find anything to complain about."

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

## Summary

### Theme one - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' and the 'Homecare Quality Monitoring and Assessment' procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the registered manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. However update training in the area of food hygiene was found to be overdue for the registered manager and two of the management staff and this is to be addressed.

Review of appropriate appraisal processes for all management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be detailed, concise and compliant.

Records regarding incidents reported to the agency (one vulnerable adult and four medication reports) were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One recommendation has been made in relation to this theme.

The registered manager and management staffs are recommended to complete all outstanding update training on mandatory subject areas.

### Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and reporting' which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area were found to be appropriately detailed within two service user files sampled.

Their procedure on 'Handling service user's monies' was reviewed, however is required for expansion to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping. Review of service users' records indicated that



financial assistance and shopping is provided for a number of service users by agency staff. The information within one sampled service user's care plan was found to be appropriate, provided specific guidance and detailed the management of identified risks.

One requirement has been made in relation to this theme.

The registered manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.

### **Theme 3 – Recruitment**

The agency has achieved a level of **compliant** in relation to this theme.

The inspector was provided with written confirmation from the Northern HSC Trust's Human Resources manager that their department had carried out the required pre-employment checks and retained information for domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.

Review of four staff personnel files held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker to enable the day to day management of the agency.

No requirements or recommendations have been made in respect of this theme.

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

**Follow-Up on Previous Issues**

**Armour Complex – 10946**

| No. | Regulation Ref.     | Requirements   | Action Taken - As Confirmed During This Inspection  | Number of Times Stated | Inspector's Validation of Compliance |
|-----|---------------------|--|---|------------------------|--------------------------------------|
| 1.  | Regulation 15(6)(a) | The registered manager is required to expand the 'Safeguarding Vulnerable Adults' procedure to include reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)' along with the process for notifications to RQIA and the referral procedure if an allegation of abuse against a staff member is upheld. | The 'Safeguarding Vulnerable Adults' procedure was viewed dated March 2014 now includes reference to 'Safeguarding Vulnerable Adults a Shared Responsibility Standards and Guidance (2010)' along with the process for notifications to RQIA and the referral procedure if an allegation of abuse against a staff member is upheld. | One                    | Compliant                            |

## Armour Complex – 10946

| No. | Minimum Standard Ref. | Recommendations  | Action Taken - As Confirmed During This Inspection   | Number of Times Stated | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|------------------------|--------------------------------------|
| 1.  | Minimum Standard 1.9  | <p>The registered manager is recommended to share the annual quality summary report results with current and prospective service users, their carers / representatives and other interested parties.</p> <p><b>(Restated from 11 October 2011 and 16 January 2013)</b></p> | <p>Records evidenced that service users had been provided with updated 'Blue files' which contained the agency's annual quality summary report. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p>                       | Three                  | Compliant                            |
| 2.  | Minimum Standard 5.1  | <p>The registered manager is recommended to provide all service users with information on how they may their access office held records.</p> <p><b>(Restated from 16 January 2013)</b></p>   | <p>Records evidenced that all service users had been provided with updated 'Blue files' which contained information on how they may access their office held records. Records verified that these had been hand delivered by the home care officers and the contents explained to service users/representatives.</p> | Two                    | Compliant                            |
| 3.  | Minimum Standard 12.1 | <p>The registered manager is recommended to expand their 'Homecare Development Programme' in line with the 'NISCC Induction Standards' to specify their supervision procedure/frequency within the first 6 months of employment.</p>                                       | <p>The 'Homecare Development Programme' had been expanded August 2014 in line with the 'NISCC Induction Standards'. No new staffs have been appointed in the last year therefore no records were available to verify this process has been implemented.</p>  | One                    | Compliant                            |

|    |                              |  |   |     |           |
|----|------------------------------|--|---|-----|-----------|
| 4. | Minimum Standard 13.3 & 13.5 | The registered manager is recommended to ensure all staff supervision/spot checks and appraisals are carried out in line with their procedure timescales.  | Records evidenced that annual appraisals had been carried out with all staff. A system is in place to ensure appraisals completed; inspector viewed the trust governance department twice yearly progress report detailing the number of appraisals completed. Records evidenced that staff supervision/spot checks were being carried out in line with their procedure timescales. | One | Compliant |
| 5. | Minimum Standard 14.4        | The registered manager is recommended to carry out staff competency assessments following training to ensure staff understanding of their roles and responsibilities regarding protection of vulnerable adults.          | Records evidenced that staff competency assessments following safeguarding vulnerable adults training had been completed in October 2014 and February 2015 to ensure staff understanding of their roles and responsibilities in this area.  | One | Compliant |
| 6. | Minimum Standard 8.10        | The registered manager is recommended to develop a Quality Monitoring procedure detailing the roles and responsibilities of various staff grades, within the agency's structure, for quality monitoring and assessments. | The 'Homecare Quality Monitoring' procedure viewed dated March 2014 had been expanded to describe the roles and responsibilities of various staff grades, within the agency's structure, for quality monitoring and assessments.  | One | Compliant |

|    |                              |   |  |     |                         |
|----|------------------------------|---|--|-----|-------------------------|
| 7. | Minimum Standard 12.3 & 12.8 | The registered manager is recommended to revise their training procedure to specify that manual handling update training will be provided 18 monthly. The manager is recommended to ensure all staff are provided with manual handling update training in line with best practice guidance. | The staff training programme had been revised April 2014 to specify that manual handling update training will be provided 18 monthly. The training records indicated that 97% of staff has received this update training in the past 18 months. Records evidenced that since their previous inspection, the registered manager and domiciliary care area managers have liaised with the organisations training team to arrange update training for all staff which, to date, has been mostly successful, as the majority of staff have been provided with manual handling update training. | One | Substantially compliant |
|----|------------------------------|---|--|-----|-------------------------|

| <b>THEME 1</b><br><b>Standard 8 – Management and control of operations</b><br><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>   |                                |
|---|--------------------------------|
| <p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p> |                                |
| <p><b>Provider's Self-Assessment:</b></p>   |                                |
| <p>The Registered Manager undertakes such training as is appropriate to ensure that she has the necessary skills to manage the Agency. The Registered Manager has completed QCF 5 in February 2014 as directed by RQIA and all training as deemed mandatory by DHSSPS and NHSCT.</p> <p>The Registered Manager has the competence skill and knowledge to manage the agency with sufficient care.</p> <p>The Registered Manager maintains a record of all training undertaken relevant to the management of services.</p>  | <p>Substantially compliant</p> |

| Inspection Findings:   |                                |
|--|--------------------------------|
| <p>The 'Statement of Purpose' dated July 2014 along with the 'Homecare Quality Monitoring and Assessment' procedure dated March 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered provider, registered manager together with six home care officers, one risk assessor and teams of home care workers.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). Each of the mandatory training areas was reviewed as having been completed in line with the recommended timeframes. The registered manager has also completed training in the areas of supervision and appraisal and this is to be commended. Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor. The registered manager had completed the training course, QCF Level 5 in Leadership in Health and Social Care Services (Adult Management Wales and Northern Ireland) in February 2014 which is to be commended; this was discussed during inspection. The registered manager is not currently enrolled on any additional training other than mandatory update training, however will be supporting registered manager colleagues from other domiciliary care agency facilities who have commenced the above mentioned QCF Level 5 course recently.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from February 2014 to February 2017.</p> | <p>Substantially compliant</p> |

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| <p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>   |                                |
| <p><b>Provider's Self-Assessment:</b></p>  |                                |
| <p>The agency carries out on-site supervisions, monitoring visits, joint and service reviews which form part of the audit process to ensure working practices are consistent with NHSCT policy and procedure.</p> <p>The Area Manager completes monthly monitoring and compiles an Annual Quality Report which includes Service user feedback and is shared with Service Users and other stakeholders.</p> <p>Medication errors are recorded in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also reported to RQIA under Notifiable Incident Report.</p> <p>The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal.</p> <p>Personal development plans are drawn up as per procedure.</p> | <p>Substantially compliant</p> |



| Inspection Findings:   |                  |
|--|------------------|
| <p>The agency 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 was reviewed and clearly referenced practices for all agency staff including the processes for management staff supervision and appraisal.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for 2013 and 2014 for the registered manager. Supervision records were also viewed that had been completed in line with their procedure timescales, these records were found to be appropriately detailed.</p> <p>The inspector reviewed the agency's log of incidents reported through to RQIA over the past year, one vulnerable adult incident and four medication issues. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matter and medication issues within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the domiciliary care area manager were reviewed during inspection for October 2014 to January 2015 and found to be detailed, concise and compliant. Reports contained details of progress month to month in relation to the vulnerable adult matter and medication issues.</p> <p>The agency had completed their annual quality review for the year 1 April 2013 to 31 March 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Records confirmed a summary report had been provided to all service users.</p> | <p>Compliant</p> |

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|--|--------------------------------|
| <p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p> |                                |
| <p><b>Provider's Self-Assessment:</b></p>  |                                |
| <p>The NHSCT ensures through Recruitment and Selection procedures that Home Care Workers are not supplied by the agency unless he/she has the necessary skills and experience for the work they are to perform.</p> <p>Training in specific techniques - as per individual service user requirements e.g stoma care/eye drops is provided by suitable qualified Healthcare Professionals.</p> <p>Home Care Workers are inducted into the agency and their training needs are met through initial Home Care Worker development training, on-going mandatory training and personal development plans.</p> <p>Domiciliary Care Locality Managers and Home Care Officers are trained in Supervision and Performance Appraisal.</p>   | <p>Substantially compliant</p> |

| Inspection Findings:   |                                |
|--|--------------------------------|
| <p>The agency has a 'Staff Training and Development' procedure in place which was reviewed and details the training needs for staff and timescale for refresher training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012.</p> <p>Training records sampled for two home care officers were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However each of the home care officer records indicated that one of the mandatory training areas was out of date (i.e. food hygiene) and has been recommended for renewal. The registered manager confirmed that update training on food hygiene is scheduled for managers and all home care officers in the next months.</p> <p>Records were viewed for one home care officer who had been awarded 1<sup>st</sup> prize for her contribution to 'Hand hygiene and infection prevention and control in the community', by the Northern HSC Trust which is to be commended. Training records for the two home care officers confirmed that each had completed training in the areas of staff supervision and appraisals and this is to be commended. Records evidenced that each of these home care officers had completed or were in the process of completing the QCF Level 3 award which is also to be commended.</p> <p>Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.</p> | <p>Substantially compliant</p> |

| Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)  | COMPLIANCE LEVEL        |
|--|-------------------------|
| <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>  |                         |
| <b>Provider's Self-Assessment:</b>   |                         |
| <p>The agency carries out monitoring visits, joint and service reviews which form part of the audit process to ensure working practices are consistent with NHSCT policy and procedure.</p> <p>The Area Manager completes monthly monitoring and compiles an Annual Quality Report which includes Service user feedback and is shared with Service Users and other stakeholders.</p> <p>Medication errors are recorded in Incident and Near Miss Reporting Form in accordance with NHSCT procedures and also reported to RQIA under notifiable Incidents.</p> <p>The effect of training on practice is monitored through on-site supervision, formal supervision and appraisal.</p> <p>Personal development plans are drawn up as per procedure.</p> | Substantially compliant |
| <b>Inspection Findings:</b>  |                         |
| <p>The agency's 'Supervision for Social Care Staff Employed in Adult Services' policy and procedure dated September 2012 clearly reflected the processes for management staff supervision and appraisal.</p> <p>Two home care officer records were reviewed. Appraisal records sampled for these two home care officers were found to have taken place annually, during 2013 and 2014.</p> <p>Supervision records for two of the home care officers were viewed and found to be appropriately detailed, and confirmed as having taken place in line with their procedure timescale.</p> <p>It was discussed and reviewed during inspection that the home care officers are currently registered with NISCC.</p>                                      | Compliant               |

|   |                                |
|---|--------------------------------|
| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b>        |
|   | <b>Substantially compliant</b> |

|  |                                |
|--|--------------------------------|
| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b>        |
|  | <b>Substantially compliant</b> |

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

**COMPLIANCE LEVEL**

|   |                                |
|---|--------------------------------|
| <p><b>Provider's Self-Assessment:</b></p>   |                                |
| <p>The Registered Manager ensures that records specified in Schedule 4 (11) service user plan where possible are kept up to date, in good order and in a secure manner.</p> <p>All records are held for inspection and stored in line with Records Management Procedures</p> <p>A recent audit of practice was carried out within Domiciliary Care by Information Commissioners Office and any action recommended will be implemented.</p>  | <p>Substantially compliant</p> |
| <p><b>Inspection Findings:</b></p>  |                                |
| <p>The agency policies and procedures on 'Recording and reporting' and 'Handling service user's monies' dated May 2014 were reviewed during inspection. The recording and reporting procedure was also viewed within the Home Care Workers Handbook and found to be 'compliant'. The policy and procedure on 'Restrictive Physical Interventions' dated June 2013 was reviewed as compliant.</p> <p>Their procedure on 'Handling service user's monies' was found to be 'substantially compliant', however is required for expansion to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording</li> <li>• Medication administration is detailed on the daily evaluation recording, which includes recording the number of tablets, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during staff and management discussions.</li> <li>• The agency hold a money agreement within the service user agreement (where required)</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting)</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the</p> | <p>Substantially compliant</p> |

staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with two staff members provided with refresher training on the subject of medication administration following competence issues identified.

Staff members confirmed during discussions that direct observation of their practise takes place which included the supervisor reviewing their recording on daily log sheets within service user home files.

The registered manager and home care officers discussed records management as a regular topic during staff meetings/group supervision, review of recent staff meeting minute records for June and October 2014 and the staff Newsletter evidenced this topic.

Review of four Ballymoney area service user files confirmed appropriate recording in the general notes and medication records. Review of medication agreements within three service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff.

Review of service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of lap belts and bedrails. Review of two service users' files evidenced that the use of bedrails was clearly documented within their care plans and risk assessments. The care plan and risk assessment relating to the use of a 'Invacare TDX' powered wheelchair lap belt within one service users file confirmed specific guidance was in place and had been reviewed most recently in January 2015.

The registered manager discussed the value of having a risk assessor within their office as being important, to enable the service to act swiftly when service users identified needs change.



|   |                                |
|---|--------------------------------|
| <p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—<br/>         (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>  |                                |
| <p><b>Provider's Self-Assessment:</b></p>   |                                |
| <p>Staff of the agency only receive money from service users where this is part of the agreed care plan and protocols/procedures have been agreed.<br/>         No user of the service contributes financially to Domiciliary Care Provision within NHSCT.</p>  | <p>Substantially compliant</p> |
| <p><b>Inspection Findings:</b></p>  |                                |
| <p>The inspector viewed the staff guidance for ‘Routine shopping arrangement’ dated January 2015 along with the template and duplicate recording books as compliant. However as detailed within the criteria above, staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping is required to be developed.</p> <p>Review of one service users file confirmed that they receive regular assistance with shopping by agency staff. The care plan, agreement and risk assessment confirmed the specific arrangements for this weekly task and records of monitoring and reviews were in place.</p> | <p>Compliant</p>               |

|   |                                |
|---|--------------------------------|
| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b>        |
|   | <b>Substantially compliant</b> |

|  |                                |
|--|--------------------------------|
| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b>        |
|  | <b>Substantially compliant</b> |

| <b>THEME 3<br/>Regulation 13 - Recruitment</b>  |                         |
|---|-------------------------|
| <b>Criteria Assessed 1:</b>   | <b>COMPLIANCE LEVEL</b> |
| <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant’s identity is confirmed;</li> <li>• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul> |                         |

|   |           |
|---|-----------|
| <b>Provider's Self-Assessment:</b>  |           |
| The agency complies with the NHSCT Recruitment and Selection Policy. The NHSCT Human Resources Department has responsibility to ensure that all pre employment checks are carried out inc references, medicals, access ni checks etc.   | Compliant |
| <b>Inspection Findings:</b>   |           |
| <p>The registered manager had provided the inspector with a list of twelve domiciliary care workers identified as having commenced employment most recently(between January 2010 and February 2014). The inspector was provided with written confirmation from the Northern HSC Trust's Human Resources manager that their department had carried out the required pre-employment checks and retained information for each of these twelve domiciliary care workers in compliance with Regulation 13 and Schedule 3. The inspector was provided with confirmation that the organisation holds all staff recruitment records centrally for the required retention period.</p> <p>Review of four staff personnel files (sampled from the list of most recently recruited staff) held within the agency office confirmed that relevant information had been provided to the registered manager for each domiciliary care worker, (e.g. photographic identity, next of kin details, driving licence and car insurance information), to enable the day to day management of the agency.</p> <p>Home care workers interviewed described their recruitment processes in line with the organisations procedure. However one of these staff had been employed by the organisation over twenty years ago and could not confirm the exact recruitment process.</p> | Compliant |

|   |                         |
|---|-------------------------|
| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|   | <b>Compliant</b>        |

|  |                         |
|--|-------------------------|
| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|  | <b>Compliant</b>        |

## **Additional Areas Examined**

### **Complaints**

Armour Complex Ballymoney had completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed four out of seven complaints received during 2014, records confirmed these had been appropriately managed and resolved.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## **Quality Improvement Plans**

The details of the Quality Improvement Plan appended to this report was discussed with the registered manager Heather McElwee and the Northern HSC Trust Head of Domiciliary Care Sandra Ewing, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Caroline Rix**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Inspection

**Armour Complex 10946**

**16 February 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with registered manager Heather McElwee along with Northern HSC Trust Head of Domiciliary Care Sandra Ewing, receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007**

| <b>No.</b> | <b>Regulation Reference</b> | <b>Requirements</b>   | <b>Number Of Times Stated</b> | <b>Details Of Action Taken By Registered Person(S)</b>  | <b>Timescale</b>                     |
|------------|-----------------------------|---|-------------------------------|---|--------------------------------------|
| 1.         | Regulation 15 (6)           | The registered manager is required to expand the 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping. | Once                          | The 'Handling Service users monies' procedure has now been updated to include staff guidance on emergency or occasional shopping. | Within one month of inspection date. |



**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations   | Number Of Times Stated | Details Of Action Taken By Registered Person(S)  | Timescale                             |
|-----|----------------------------|---|------------------------|--|---------------------------------------|
| 1.  | Minimum Standard 12.3      | <p>The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.</p> <p><b>(Restated from 27 &amp; 29 January 2014)</b></p> | Twice                  | A procedure is now in place to ensure all staff are provided with manual handling update training in line with best practice guidelines. | Within six months of inspection date  |
| 2.  | Minimum Standard 8.17      | The registered manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.  | Once                   | A procedure is now in place to ensure all management staff complete outstanding update training on mandatory subject areas.              | Within six months of inspection date. |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

|   |                                |
|---|--------------------------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | Heather McElwee                |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Dr Tony Stevens<br>Una Cunning |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  | yes        | Caroline Rix     | 3/04/15     |
| Further information requested from provider                   |            |                  |             |