

Armour Care Services Ltd

Armour Care Services

Inspection report

Unit 89
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Armour Care Services is a domiciliary care agency. It provided personal care to people living in their own and their family's homes. The service supported adults with a range of complex support needs, including people who had a physical or learning disability and autistic people. At the time of our inspection, the service was providing support to 5 people, all of whom received support with the regulated activity 'personal care'.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

References had not been obtained for all new staff prior to starting work. All other pre-employment checks had been completed. We have made a recommendation about ensuring all pre-employment checks are made.

People and their relatives were very positive about the care and support provided by Armour Care Services. A case manager said, "I think that the standard and quality of care and support is excellent."

Care and support plans identified people's support needs and provided guidance for meeting these needs and managing identified risks. People and their relatives had been involved in agreeing and reviewing the care and support plans.

People were supported to maintain their health and nutritional needs where applicable. People were supported to take part in local community activities where this was part of the agreed support.

Staff received the training they needed for their role, including specific training from other medical professionals where required. Staff were positive about working for the service and felt well supported by the registered manager. Consistent staff teams supported each person so they knew people's needs, including their communication needs.

A quality assurance system was in place. Communication between people, their families, the staff teams and the management team were good. Any issues raised were resolved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about ensuring all pre-employment checks are made.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Armour Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own or their families, houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who was also the registered provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 3 November 2022 and ended on 7 November 2022. We visited the location's office on 3 November 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. We used the information

the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 3 relatives by telephone about the care provided by Armour Care Services. We spoke with 4 members of care staff about the service and also spoke with 3 members of staff including the registered manager, compliance manager and the care co-ordinator. We sought feedback from a case manager who worked with the service.

We reviewed a range of records, including two people's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment processes were not always safe. References were not always received prior to staff being employed. All other checks, including employment history, Disclosure and Barring Service (DBS), and right to work were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We discussed this with the registered manager, who said they would review all staff files to ensure all references requested had been received. The care co-ordinator was in the process of developing a staffing spreadsheet to monitor all recruitment checks had been obtained and probation meetings for new staff had taken place.

We recommend the provider refers to current guidance to ensure all pre-employment checks are received prior to a new staff member starting work.

- There were enough staff employed to provide the commissioned support. We saw regular staff supported each person so they could get to know them and their needs well. A relative said, "Consistent people are important for [Name] due to their complex needs and Armour have done this."
- The service was flexible with their support hours, changing the times of the support or arranging additional support hours to provide respite care when families asked for this. A relative said, "They're quite flexible with the support times and will swap to an evening if I need them to. It really helps me."

Assessing risk, safety monitoring and management

- Risks people may face had been identified and guidance provided to minimise these risks. Staff we spoke with knew the people they supported and the support they needed to manage risks.
- Where required, care plans detailed behaviours people may have and what the behaviours may mean. Brief guidance was provided for staff on how to manage these behaviours. Staff explained how they supported people if they became agitated. Relatives said the staff knew people well and so were able to anticipate and support them if they became anxious. A relative said, "Now staff know [Name and Name] they can see signs if they are going into crisis and so can deal with it." And, "They (staff team) are amazing with [Name] when he gets boisterous. They have different ways to manage; distract with something, have a bath to relax, iPad or change activity. [Name] responds quite well to it."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were able to explain what they would need to report if they had any concerns or issues.
- The registered manager investigated any concerns raised with them. The manager and deputy manager discussed any incidents and concerns during weekly meetings to ensure all appropriate actions had been

taken.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and audited each month. One person said, "They are spot on with my medicines."
- The support people required with their medicines was recorded. The service had been pro-active in arranging for rescue antibiotics to be prescribed so rapid intervention could be provided to reduce the risk of a hospital admission.
- Staff had completed on-line medicines training. Where required, external specialists provided additional medicines training, for example epilepsy rescue medication.

Preventing and controlling infection

- Personal protective equipment (PPE) was provided for staff.
- Monthly infection prevention and control checks were made for each person supported by the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt well supported by the registered and compliance managers. A member of staff said, "[Registered manager] listens and I can go to them about any issue." The registered manager told us they needed to formally record supervisions and the support provided for the staff teams.
- Staff completed a range of on line training when they joined Armour Care Services. The on line system highlighted when refresher training was becoming due and staff were prompted to complete the courses required.
- Training for using specific equipment was completed as required. A relative said, "If [Name] gets a new piece of equipment [registered manager] speaks with the specialist and arranges for all the training to be done. I'm 100% confident all the staff are competent in all the equipment [Name] has." A case manager said, "The staff were trained to provide support for [Name] by a privately funded team to enable them to offer a higher quality of care, including but not limited to physiotherapy. The staff embraced and implemented this training."
- Staff were introduced to the person they would be supporting and completed shadow shifts so they could get to know each other and learn people's support needs, routines and methods of communication.

Supporting people to eat and drink enough to maintain a balanced diet

- Where it was part of people's support plan, staff prepared meals for people. Guidance was provided for the support people needed whilst eating and drinking, for example to reduce the risk of choking.
- People's food preferences were recorded where applicable.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a wide range of other agencies, depending on people's needs. Guidance from professionals was followed by the care staff, including occupational therapists, physiotherapist and the speech and language team.

Supporting people to live healthier lives, access healthcare services and support

- Where it was part of people's support plan, staff supported people, alongside their relatives, to attend medical appointments. The service supplied records, for example of epilepsy seizures, for the medical appointments. A case manager said, "Staff attend all medical appointments and [registered manager] leads the team in ensuring that the correct interventions from medical professionals are sought in a timely manner."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Armour Care Services undertook an initial assessment of people's support needs with them and their relatives where applicable. This was used in conjunction with the funding authority's assessment of need to write the care plans for the agreed support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People currently supported by Armour Care Services either had capacity to consent to their care and support or their capacity had been assessed as part of their assessment by the funding authority. All support was agreed in collaboration with the person's family where appropriate.
- Staff knew the people they supported well and involved them in making day to day choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The person we spoke with was very complimentary about the staff supporting them. They said, "They're absolutely fantastic and can't do too much for me. They have a good chat with me, are always happy and make me happy as well."
- Relatives were also very pleased with the care and support provided. One relative said, "The staff are amazing. They all (the staff team) came on a weekend to see [Name] on their 21st birthday to make a fuss of [Name]."
- We were also told how staff involved people's siblings in activities, for example encouraging the person and their siblings to play with a games console together, as they were aware how important it was for them to have a relationship with each other. A relative said, "The staff are extremely inclusive of the rest of the family. I don't feel strange having staff in the house, they are very respectful."
- Staff prompted and encouraged people to do things for themselves where possible. Care records supported this.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives said they had been involved in agreeing and reviewing the care and support plans.
- Relatives said staff communicated well with them, always giving them a handover of relevant information at the end of their shift. A relative said, "They communicate really well, not only between the staff themselves but also with me. I get a handover from the staff each day."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Guidance was also provided by external professionals, where applicable, for the staff team to follow. Staff knew people, and the support each person needed.
- The person and relatives we spoke with all said they had been involved in agreeing and reviewing the care plans. The case manager also said they were fully involved in all reviews of the care plans, saying, "I have been fully and collaboratively involved in all care plan and review processes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded. Staff said they always supported the same people, so were able to get to know them, and their communication methods, well.
- Where appropriate, people's families had been involved in guiding the staff team in how people communicated and the communication aids they used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was part of the agreed support, people were supported to participate in activities of their choice and to go out locally, for example to parks, for a meal and going swimming.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. No formal complaints had been received.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to. One relative said, "Every time I've had any issues they've been resolved. [Registered manager Name] comes back to me and asks if I am okay with the outcomes."

End of life care and support

- No one currently supported by Armour Care Services was receiving end of life support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A matrix was in the process of being compiled to check all recruitment documentation was in place. This would identify any gaps, for example in receiving suitable references we found.
- Formal checks were completed for medicines administration and infection control. All care plans were reviewed to ensure they reflected people's current support needs.
- The management team were clear about their roles and were very 'hands on' with the care packages, the people supported and their relatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback we received from people using the service and their relatives was extremely positive. They said the staff were kind, caring, respectful and completed all the tasks agreed in the care plans. People or their relatives had been asked for their feedback on their support and said communication with the registered manager was very good.
- Feedback from members of staff was equally positive. They said they were well supported by the registered manager and were able to contact the management team at any time if they needed to. Staff knew people's needs well and spoke positively about the people they supported.
- The case manager was also very positive about the support provided by Armour Care Services. They said, "[Name] receives a high level of care and support from [registered manager] and the support worker team. The regular and effective communication between the team, [Name's] parents and ourselves, ensures that all issues are addressed in a timely manner. I think that [Name] has thrived under the current care arrangements."

Working in partnership with others

- The service worked with a range of professionals, including physiotherapists, occupational therapists (OT) and medical professionals. The case manager said, "The staff are present during OT, physiotherapy and assistive technology sessions and contribute with suggestions. Standards of collaborative working are consistently excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood what needed to be notified to the Care Quality Commission.
- A complaints policy was in place.