

Unannounced Care Inspection Report 8 November 2018



Trackars Ltd

Type of service: Domiciliary Care Agency
Address: 31b St Patrick's Avenue, Downpatrick, BT30 6DW
Tel no: 02844 830486
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Trackars Ltd is a domiciliary care agency which provides a range of personal care and social support services to 127 people living in their own homes. Service users have a range of needs including physical disability, learning disability, mental health care, dementia care and support for older people. The agency currently employs 48 staff; services are commissioned by the Southern and South Eastern Health and Social Care Trusts (HSC Trusts).

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Trackars Ltd/Mrs Patricia Mary Casement | Registered manager: Anita McClurg |
| Person in charge at the time of inspection: Anita McClurg | Date manager registered: 17 February 2016 |

4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 09.45 to 16.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager Anita McClurg, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 15 June 2017

No further actions were required to be taken following the most recent inspection on 15 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection reports
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the manager Anita McClurg and four care workers. Their feedback has been included throughout this report.

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and four relatives, either in their own home or by telephone, on 19 November 2018 to obtain their views of the service. The service users receive assistance with the following:

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

The UCO also reviewed the agency's documentation relating to four service users.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Four staff responses were received; the feedback was discussed with the manager and is included within the body of this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Four staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three staff training records
- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports

- Annual quality review report for 2017
- Notification and incident records
- Complaints log and records
- Compliments log and records.

The findings of the inspection were provided to the manager Anita McClurg at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 June 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 June 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a clear recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of four staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with the required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included an induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a).

Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff; these included a shadowing system.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles. One staff member commented:

- “My induction was very good, especially the shadowing time”.

The UCO was advised by all of the service users and relatives spoken with that there were no concerns regarding the safety of care being provided by Trackars. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples of training included manual handling skills, use of equipment and management of medication. Examples of some of the comments made by service users or their relatives are listed below:

- “XXX is well looked after.”
- “XXX can be hard to work with but they’re very good at encouraging xxx.”
- “They don’t rush. Doing a good job and chat while doing their work.”

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including, dementia awareness and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with the required guidance. The agency’s whistleblowing policy and procedure was found to be satisfactory.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures. A number of safeguarding reports had been received since their previous inspection and have been appropriately managed.

The agency's registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

The returned questionnaires from staff indicated that one was 'very unsatisfied' but the majority were 'very satisfied' that the care was safe. No written comments were included on any surveys; this information was shared with the manager.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

Service user records viewed in the agency office, included referral information received from the commissioning HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how the service user wished for these to be met. However, as part of the home visits the UCO reviewed the agency's documentation in relation to four service users and one care plan was found to be due for review. This was discussed with the manager who confirmed that this care plan had been updated post inspection.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing service user's care needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector no staff practice

issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on the monitoring records.

The UCO was informed by the majority of the service users and relatives spoken with that there were no concerns regarding the carers' timekeeping. Care was not felt to be rushed and the agency is not missing any calls. Service users advised that they felt any new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Trackars were raised with the UCO.

Examples of some of the comments made by service users or their relatives are listed below:

- "Gives me peace of mind that someone calls with XXX when I can't be here. They contact me if anything is wrong."
- "Patricia (responsible person) is really friendly and supportive."
- "The consistency of carers is great."

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/relatives and the HSC trust care managers to ensure their needs were being met along with regular monitoring visits. The manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the HSC trust detailing any agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. The returned questionnaires from staff indicated that they were 'satisfied' or 'very satisfied' that the care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives spoken with by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

There were mixed results regarding the agency carrying home visits and phone calls to ensure satisfaction with the service, however, some of the service users and relatives spoken with were able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't do without them."
- "They're very friendly. I'm happy with them."
- "All very nice."

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with their procedure timescale. A planning tool was viewed which detailed when each service user was due their next home visit and the date it had been completed.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you for all the help. Xxx (care worker) is always helpful, friendly and willing to do whatever is requested.' (Thank you email from a service user's family).
- 'The staff who come to me are fantastic, I couldn't ask for better.' (Verbal feedback from a service user during monitoring visit).
- 'I want to thank you and the excellent team of staff who helped xxx. We appreciated everything your team did in a professional, caring and friendly manner.' (Thank you card from family of a service user).
- 'I believe my relative has lasted so long at home, due to the care provided to her by xxx (care worker), who has been fantastic over the past 10 years or so. Thank you.' (Verbal feedback from family of a service user during monitoring visit).

- ‘I am emailing to let you know xxx (service user) is very pleased with the level of care your staff provides. Xxx praised the consistency of staff who visit and how xxx looks forward to them coming as they are so friendly and chatty!’(Email from a HSC trust assistant care manager following a review meeting).

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

The returned questionnaires from staff indicated that they were ‘satisfied’ or ‘very satisfied’ that the care was compassionate.

Staff members commented during the inspection:

- “I love my job. I think it is very important that the same staff visit as it helps service users relax. We have built up trust and know how they like things done in their home.”
- “I really enjoy my work; we have a good wee team. It is so rewarding knowing I am helping people. It is lovely to see a service user smile when I arrive, they may not remember my name but recognise me and is pleased to see me.”
- “Sometimes service users and family are reluctant to ask for the help they really need. I gently encouraged a family to talk to the social worker and offered to raise it with my manager on their behalf, which was welcomed and resulted in increased care being agreed.”
- “ I love talking with the service users, laughing together or sometimes being there when they are feeling sad, it is nice to know they can open up to me with their feelings.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance have been established and implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The organisation has a registered manager who is supported by an operations manager, a business support officer, a homecare coordinator, assistant homecare coordinator, senior care workers and their teams of care workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or where being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained in a paper format within the office and on an electronic system.

On the day of inspection the agency's staff personnel and service user records were retained securely and in an organised manner.

Staff records indicated that they had received training relating to record keeping, confidentiality and data protection.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The UCO noted some variation in call times and call times are not being consistently recorded in the log sheets. The inspector reviewed three completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issue identified. Staff spoken with demonstrated an awareness of the importance of accurate, timely record keeping. This area was discussed with the manager who confirmed this topic would be reviewed; as ongoing discussion of records management during team meetings, supervisions and at training updates had been completed.

The agency has team meetings in which opportunities were given to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted the variety of feedback received by the agency following their annual quality review in December 2017. The inspector noted that the information collated during the annual survey was shared with service users, staff and HSC trusts during February 2018 and included actions being taken to address matters raised.

Monthly quality monitoring reports have been completed as required. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed.

The reports also included details of a review of accidents, incidents, safeguarding reports, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The compliments reviewed are noted above within the compassionate section 6.6 of this report.

The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, and where possible each matter had been resolved. Complaints received from one family have not to date been resolved, and the agency is liaising with the HSC trust in regard to these matters.

All of the service users and relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they had any concerns regarding the service, and felt they could approach the carers and office staff. No concerns regarding the management of the agency were raised during the discussions.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The returned questionnaires from staff indicated that one was 'very unsatisfied' but the majority were 'very satisfied' that the service was well led. No written comments were included on any surveys; this information was shared with the manager.

A staff member commented during the inspection:

- "We have a good team and have very good support from the office at any time 24/7, using the on call system for advice and to report issues if needed."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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