



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Trackars Ltd  
**Establishment ID No:** 10769  
**Date of Inspection:** 4 and 5 November 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 16596

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

<b>Name of agency:</b>	Trackars Ltd
<b>Address:</b>	23 The Craig Road Downpatrick BT30 9BG
<b>Telephone Number:</b>	02844830486
<b>E mail Address:</b>	<a href="mailto:homecare@trackars.biz">homecare@trackars.biz</a>
<b>Registered Organisation / Registered Provider:</b>	Trackars Ltd/ Ms Patricia Casement
<b>Registered Manager:</b>	Ms Patricia Casement (Acting)
<b>Person in Charge of the agency at the time of inspection:</b>	Ms Patricia Casement (Acting)
<b>Number of service users:</b>	100
<b>Date and type of previous inspection:</b>	18 March 2014 Primary Announced
<b>Date and time of inspection:</b>	Primary unannounced inspection  04 November 2014 09.30 to 16.00 hours and 05 November 2014 08.00 to 12.00 hours
<b>Name of inspector:</b>	Amanda Jackson

## 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	4
Staff	4
Relatives	3
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	30	15

### 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

Trackars Ltd is a domiciliary care agency located on the outskirts of Downpatrick / Crossgar, providing care services to approximately 100 service users (2 less than the previous inspection) in the areas of frail elderly, learning and physical disability, mental health categories and one service user in the child category). The care provision is mainly in the arena of intimate personal care and domestic tasks. The agency currently employs approximately 42 domiciliary care staff (a decrease of 6 since the previous inspection).

Trackars Ltd had twelve requirements made during the agency's previous inspection on 18 March 2014. Seven of the twelve requirements were reviewed as 'compliant', one requirement was 'substantially compliant', two requirements were found to be 'moving towards compliant' and two were found to be 'not applicable'.

## Summary of Inspection

### Detail of inspection process

The annual unannounced inspection for Trackars Ltd was carried out on 4 November 2014 between the hours of 09.30 hours and 16.00 hours and 5 November 2014 between the hours of 08.00 hours and 12.00 hours. The agency continues to make steady progress and requires support in respect of meeting the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 13 August 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the Patricia Casement (registered person and acting manager).

The inspector had the opportunity to meet with four 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.

**Three requirements (carried over from the previous inspection), four new requirements and three recommendations have been made in respect of the outcomes of this inspection.**

### Staff survey comments

30 staff surveys were issued and 15 received which is a good response response.

One staff comment was included on the returned surveys:

"Better communication".

### Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and three relatives on 13 August 2014 to obtain their views of the service being provided by Trackars Domiciliary Care Agency. The service users interviewed have been

using the agency for a period of time ranging from approximately six months to eight years, receive at least one call per day and are receiving assistance with personal care.

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 informed the UCO that there were no concerns regarding the timekeeping of the agency's staff; however there were mixed results regarding service users being advised if their carer has been significantly delayed and it would be good practice for the agency to do so when possible.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by staff from Trackars. The majority of the people interviewed had not made a complaint to the agency, however all were aware of whom they should contact if any issues arise. The UCO was informed by two relatives that complaints had been made relating to a missed call and quality of care being provided by one member of staff; the complainants were satisfied with the outcome.

All of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however only one person was able to confirm observation of staff practice had taken place in their home. The matter was discussed with the registered manager (during UCO feedback) who confirmed that staff supervision is carried out on a regular basis and records are kept in the office.

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

- "I like that our care is provided by the same carer all the time. She's an awfully nice girl."
- "First class carer."
- "If I have any issues, I just need to contact the office and it is addressed."
- "It's nice to have the same carer. My XXX is relaxed with them and enjoys the craic."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of five service users. All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, a number of issues were identified, namely some calls had not been recorded, call times for some of the visits had not been recorded and entries for some calls had been recorded in advance; the above matters were discussed with the registered acting manager Patricia Casement and are to be addressed appropriately.

It was also noted by the UCO that the file for one service user contained an out of date care plan and risk assessment a second service user had no care plan in their file and a third file did not contain a risk assessment. The above matters were discussed with the registered acting manager and are to be addressed.

During the home visits, the UCO did not observe any service users experiencing restraint in the form of bed rails, lap bands or locked doors. The UCO was also advised that none of the service users are receiving assistance with medication or shopping which was supported by the agency's care plans and risk assessments.

## 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 **moving towards compliance** in relation to this theme.

The agency's 'Statement of purpose' dated 17/10/14 and policy on Management, control and monitoring of the agency dated 04/11/14 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered acting manager Patricia Casement and homecare co-ordinator Terry Mageean during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff with exception to those areas referenced in the previous paragraph.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision processes were not in place for the homecare co-ordinator and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding incidents were not reviewed as no incidents had occurred.

One requirement and one recommendation has been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and the revision of the staff supervision and appraisal policy and implementation of supervision for management staff in line with Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5.

### 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 care practices' dated 20/01/2014 which was found to be satisfactory and in line with standard 5 and contain 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. Review of service user home files during inspection supported partial compliance in these areas which has been recommended for review.



The agency has a policy and procedure in place on use of restraint dated 20/01/2014, which was reviewed as requiring some review in respect of everyday restraint matters within domiciliary care settings.

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

The agency has a policy on 'Service user's monies and valuables dated 05/11/2014 which was reviewed as compliant. Review of one service user records in respect of money management were confirmed as compliant.

Two requirements and one recommendation have been made in relation to this theme and relate to staff training and competence compliant with the RQIA mandatory training guidelines 2012. Service user home records compliant with regulation 21(1)(2) and standards 5.2 and 5.6 and review of the restraint policy (standard 9.1 and appendix 1).

### **Theme 3 – Recruitment**

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to confirmation staff driving license and a statement by the registered person/acting manager.

One requirement has 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

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 15(2) Regulation 21 and Schedule 4	<p>The registered person/manager is required to ensure service user home files are current with up to date care plans, risk assessments and appropriate staff recording.</p> <p>As discussed within the UCO report section of this report.</p> <p>(Minimum standard 5.2)</p>	<p>Review of five service user files during the UCO service user/relative visits evidenced continued gaps in service user home records and staff recording. This was discussed for further attention during inspection with Patricia Casement (registered acting manager).</p>	Once	<p>Moving towards compliance</p> <p>To be commenced with immediate effect.</p>
2	Regulation 16(5)(a)	<p>The registered person/manager is required to ensure a consistent approach to staff induction in line with the agency policy and procedure.</p> <p>(Minimum standard 12.1)</p>	<p>Review of three recently recruited staff files continued to evidence inconsistencies in the staff induction process with staff files including a training certificate for office based induction but not consistently evidencing shadowing induction training and appropriate sign off for same.</p>	Once	<p>Moving towards compliance</p> <p>To be commenced with immediate effect.</p>
3	Regulation 16(4)	<p>The registered person/manager is required to review and revise the staff supervision and appraisal policy and implement the revised process consistently for all staff.</p> <p>(Minimum standard 13.2)</p>	<p>The agency policy on staff supervision and appraisal dated 15/04/2014 was reviewed during inspection and found to be concise regarding the agencies process for staff spot monitoring/supervision 6 monthly together with an annual appraisal. The associated templates were detailed within the policy document and appeared</p>	Once	Compliant

			appropriate. The current timeframe for staff monitoring and appraisal and the associated evidence were confirmed within three longer term staff files during inspection.		
4	Regulation 13(b) Regulation 16(2)(a)	The registered person/manager is required to review and revise the staff competency assessment for staff within Vulnerable adults and ensure the revised process is consistently applied for all staff.  (Minimum standard 14.4)	Review of two staff files who completed vulnerable adults training since the previous inspection in March 2014 evidenced competency assessments signed by the trainer and attached to the training certificates.	Once	Compliant
5	Regulation 15(12)(b)	The registered person/manager is required to ensure all future vulnerable adults matters are managed in line with the agency policy and procedure and appropriate records are maintained.  (Minimum standard 14.7)	The agency has not had any further vulnerable adults matters arising since the previous inspection hence the inspector could not validate this requirement. Future review of this area will take place during future inspections.	Once	Not applicable
6	Regulation 23 (1)	The registered person/manager is required to ensure all future vulnerable adults matters are shared with staff members (as appropriate) in terms of learning.  (Minimum standard 14.9)	As per requirement 5 above.	Once	Not applicable

7	Regulation 23(1)	<p>The registered person/manager is required to review and revise the agency's policy on 'Management, control and monitoring of the agency' to clearly reflect the management structure within the agency including roles, responsibilities and lines of accountability.</p> <p>(Minimum standards 8.10, 8.11 and 8.12)</p>	<p>The agency policy on 'Management, control and monitoring of the agency' dated 04/11/14 was reviewed during inspection and confirmed as compliant with requirement seven.</p>	Once	Compliant
8	Regulation 23(1)	<p>The registered person/manager is required to review and revise the agency's policy on 'Monitoring the quality of our services' and implement the process consistently.</p> <p>(Minimum standards 8.10, 8.11 and 8.12)</p>	<p>The agency policy on Monitoring the quality of our services' dated 05/11/14 was reviewed during inspection as compliant.</p> <p>Review of three service users quality monitoring records during inspection confirmed compliance with the policy timeframes.</p>	Once	Compliant
9	Regulation 23(1)	<p>The registered person/manager is required to review and revise the agency's monthly monitoring process and records.</p> <p>(Minimum standards 8.10 and 8.11)</p>	<p>Revision of the monthly monitoring and report since the previous inspection confirmed compliance with requirement nine.</p>	Once	Compliant

10	Regulation 16(2)(a)	<p>The registered person/manager is required to review and revise the staff training and development policy and ensure the revised process is consistently applied for all staff.</p> <p>(Minimum standard 12.9)</p>	<p>The staff training and development policy dated 05/11/14 was reviewed as compliant and was reviewed as being applied consistently in a few of the mandatory training areas reviewed during inspection for staff. This was reviewed for two staff members in the areas of vulnerable adults, infection control and manual handling.</p>	Once	Compliant
11	Regulation 16(2)(a)	<p>The registered person/manager is required to develop a staff competency assessment tool for the areas of manual handling and infection control.</p> <p>(Minimum standard 12.9)</p>	<p>The agency has developed training competency assessments for both areas and these were reviewed during inspection as appropriate.</p> <p>Review of two staff files who completed manual handling and infection control training since the previous inspection in March 2014 evidenced competency assessments but these were not consistently signed by the trainer or evidenced in the staff files.</p>	Once	<p>Substantially compliant</p> <p>To be commenced consistently with immediate effect</p>
12	Regulation 16(2)(a)	<p>The registered person/manager is required to review and revise the staff quality monitoring template to include infection control.</p> <p>(Minimum standard 12.9)</p>	<p>Revision of the staff quality monitoring template since the previous inspection includes infection control and was reviewed within three staff files during inspection.</p>	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<b>Criteria Assessed 1: Registered Manager training and skills</b>  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.  Regulation 11 (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.  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>	
<b>Provider's Self-Assessment:</b>	
<b>The Registered Manager employs an appropriate number of competent individuals to carry out activities to operate domiciliary provision as stated in Trackars statement of purpose. She undertakes regular monthly training, self-development, in management and clinical aspects to her role.</b>  <b>Evidence: The Statement of Purpose Management &amp; Control of Operations Policy &amp; Procedures Registered Managers training record and portfolio.</b>	<b>Competent</b>
<b>Inspection Findings:</b>	
The statement of purpose dated 17/10/14 and the policy on Management, control and monitoring of the agency dated 04/11/14 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person and registered acting manager Patricia Casement together with the home care co-ordinator Terry Mageean and assistant co-ordinator Ann Marie Quinn and all other staff including	<b>Compliant</b>



<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</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 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><b>Medication errors and incidents are reported to the RQIA and appropriate Care Managers and G.P.'s are reviewed and revised to ensure consistency with working practices. Charges are communicated to Trackars Management, logged on revision tables and commented in monthly report. Effect of training on practice is taken into consideration with objective to continually improve quality of services. This is monitored from service user and care staff and management feedback. Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans.</b></p> <p><b>Evidence: Incidents Folder, Formation and revision of Policies and Procedures, Registered Manager monthly report, Staff Appraisal records</b></p>	<p><b>Competent</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated 15/04/2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>



<p>Appraisal for the registered acting manager does not currently take place given the agency structure and the acting manager's position as registered person and owner of the agency.</p>	<p>Not applicable</p>
<p>The inspector was unable to review the agency log of incidents as no incidents have occurred which require reporting through to RQIA since the previous inspection. Review of a vulnerable adults incident during the previous inspection in March 2013 detailed the matter had been reported to RQIA however the agency did not hold all records relating to the follow up of the incident and this was previously discussed and detailed within the QIP of the March 2014 inspection report.</p>	<p>Not applicable</p>
<p>The registered persons monthly monitoring reports reviewed during inspection for August, September and October 2014 were found to be completed on the agency's own template and confirmed as compliant as detailed within requirement nine of the follow up section of this report.</p>	<p>Compliant</p>
<p>Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.</p>	<p></p>
<p>The agency is currently undertaking their 2014 annual quality review and have included review of staff training within this process. This area had not previously been reviewed as part of the overall annual quality review process.</p>	<p>Moving towards compliance To be reviewed during future inspections</p>

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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>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 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><b>As required training in specific techniques is provided for individual care workers by a qualified healthcare professional.</b></p> <p><b>All domiciliary carers undergo mandatory training and shadowing shifts to ensure minimum standards of service delivery provided. This is assessed at registration stage, training sessions, supervisions and appraisals.</b></p> <p><b>Evidence: Supervision assessments – is further training necessary, post training questionnaires, staff registration records, Management and Domiciliary Co-ordinators training records</b></p>	<p><b>Competent</b></p>

Inspection Findings:	
<p>The agency holds a training and development policy and procedure dated 05/11/2014 which sits alongside a bi-monthly training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p>	<p>Compliant</p>
<p>Training records and competency assessments for the home care co-ordinator Terry Mageean and assistant co-ordinator Anne Marie Quinn were found not to be in place regarding all areas of mandatory training and did not evidence supervision and appraisal training for Anne Marie Quinn. Terry Mageean had completed supervision and appraisal training in 2012 internally within the organisation and this was referenced within his training file. Training records and competency assessments are required to be brought into compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>
<p>The homecare co-ordinator Terry Mageean is currently undertaking a level 5 diploma in management which looks at areas such as change management, productivity and leadership and this is to be commended in terms of keeping abreast of changes relevant to his area of work.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</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>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Operational activities audited from start to finish to ensure seamless safe service and revisions communicated to relevant individuals/groups as well as updating Policies and Procedures. Medication errors are handled adhering to minimal standards. The appraisal reviewed by their line manager assessing performance of role against job description and agreed personal development objectives recorded.</b></p> <p><b>Evidence: Medication administration Policies and Procedures including errors management, Untoward incidents policies and procedures, Training and Development Policies and Procedures, Quality Improvement Policies and Procedures (training), Appraisal records</b></p>	<p><b>Competent</b></p>

Inspection Findings:	
<p>Appraisal for the homecare co-ordinator Terry Mageean currently takes place annually and was reviewed during inspection for 2013 however supervision does not currently take place and has been required for attention. Appraisal for the assistant co-ordinator Anne Marie Quinn was reviewed during inspection for 2014 and one spot check/supervision was also reviewed in line with the agency policy timeframes.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered acting manager Patricia Casement for future consideration (as required).</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Not applicable</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Competent

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

**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><b>All records associated with Trackars Homecare are stored securely at registered address of agency. Some auditing documents and folders are maintained at Nursing Agency Registered premises. Each service user has a folder of documents detailing prescribed services and up to date daily care records. All records are maintained as per Trackars reporting and recording policy and procedure.</b></p> <p><b>Evidence: Management of records, Service users folder list of contents, Daily Care Records, Reporting and Recording Policy and Procedures. Communication with Homecare workers. Information Governance Policy, Inspection of the Agency Policy and Procedure</b></p>	<p><b>Competent</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated 20/01/2014, Safeguarding and protecting service user's monies and valuables dated 05/11/2014 and the Restraint policy dated 20/01/2014 were all reviewed during inspection as compliant with exception to the restraint policy which requires further revision to include more common areas of restraint related to domiciliary care in peoples own homes such as bedrails, lapstraps and locked doors. The staff handbook dated 20/05/2013 was reviewed as detailing all of the above areas and was confirmed as compliant.</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, alongside a separate medication record. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. This was confirmed as compliant during staff and management discussions and was reviewed within service user files during inspection .</li> <li>• The agency hold a separate money agreement and this was reviewed as compliant within one service user file during inspection.</li> <li>• Staff spot checking/supervision template which includes a section on adherence to the agency recording policy</li> </ul> <p>All templates were reviewed as appropriate for their purpose with exception to the recommended amendment to the service user agreement.</p>	<p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p> <p>Compliant</p>

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot supervision records for 2014. Staff competence has not been highlighted as a matter requiring attention and this was confirmed during discussion with Patricia Casement (registered acting manager) and Terry Mageean (home care co-ordinator) during inspection.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as substantially compliant in these areas. A few of areas were found not to be up to date and have been requested for review.

Patricia Casement (registered acting manager) discussed records management as a regular topic for discussion during staff meetings, review of two recent staff meeting minutes records dated 25 June 2014 and 21 August 2014 evidenced this topic.

Review of five service user files prior to the inspection by the UCO confirmed recording in the general notes and medication records not to be fully compliant with standard 5.2. and 5.6. and these have been recommended for review.

During the home visits, the UCO did not observe any service users experiencing restraint in the form of bed rails, lap bands or locked doors. The UCO was also advised that none of the service users are receiving assistance with medication or shopping which was supported by the agency's care plans and risk assessments.

Discussion with Patricia Casement (registered person and acting manager) during inspection confirmed that restraint is in place for a few service users in respect of bedrails or lapstraps. Review of two service user files during inspection evidenced care plans/risk assessments in respect of restraint management.

Further discussion with Patricia Casement (registered person and acting manager) confirmed medication management is also in place for a number of service users and this again was reviewed on three service user care plans and appropriate recording sheets maintained.

Compliant

Substantially compliant

To be completed three months from the date of inspection

Compliant

Moving towards compliance

To be commenced with immediate effect

Not applicable

Compliant

Compliant



<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—                  (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><b>A procedure is in place to safeguard service users money. Each domiciliary care worker is instructed of the protocol at Induction.</b></p>	<p><b>Competent</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. This was however reviewed during the inspection day for one service user who receives shopping. Care plan and records were appropriately detailed and maintained together with a separate money management service user agreement.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Competent</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

<b>THEME 3 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>	
<p>Each applicant is informed of criteria required for employment as Trackars Domiciliary Carer. At application stage a check of past employment, validity of professional registrations, supply of appropriate referees, personal identity and permit to work both in this country and if this position is undertaken. The worker must undertake necessary training and fulfil HR requirements prior to reaching employed status.</p> <p>Evidence: Recruitment Policies and Procedures, Access NI Policies and Procedures, Staff training and development Policies and Procedures, Health Declaration, Applicant Registration Checklist</p>	Competent
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated 04/11/2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to the full driving licence and car insurance were not fully compliant for two staff members and a statement by the registered person/acting manager was not detailed on the three files reviewed.</p>	<p>Compliant</p> <p>Moving towards compliance</p> <p>To be completed one month from the date of inspection</p>

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

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

## **Additional Areas Examined**

### **Complaints**

The agency 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 agency has received a number of complaints during 2014.

Review of three complaints for 2014 took place during inspection given the late calendar date of the inspection and given that complaints were reviewed during the previous inspection in March 2014. Records reviewed were found to be substantially compliant but in one case reviewed the records did not provide conclusion to the matter. The agency is required to ensure all records are fully maintained for all future matters.

### **Additional matters examined**

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

The inspector discussed with Patricia Casement (registered acting manager) the agency proposal to take over a second private agency over the coming month. The inspector confirmed this agency would be inspected later in the inspection year to allow for transitional arrangements to take place.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Patricia Casement (registered person and acting manager) and Terry Mageean (homecare co-ordinator)** 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:

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



## Quality Improvement Plan

### Unannounced Primary Inspection

Trackars Ltd

4 and 5 November 2014

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 **Patricia Casement (registered acting manager) and Terry Mageean (homecare co-ordinator)** 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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 15(2) Regulation 21 and Schedule 4	<p>The registered person/acting manager is required to ensure service user home files are current with up to date care plans, risk assessments and appropriate staff recording.</p> <p>As discussed within the UCO report section of this report and within requirement one within the follow up section of this report.</p> <p>(Minimum standard 5.2)</p>	Twice	Details of noted shortfall followed up and appropriate action taken where required.	To be commenced with immediate effect.
2	Regulation 16(5)(a)	<p>The registered person/acting manager is required to ensure a consistent approach to staff induction in line with the agency policy and procedure.</p> <p>As discussed within requirement two of this report.</p> <p>(Minimum standard 12.1)</p>	Twice	Ensure Induction/Shadowing process signed off by management as competent to work.	To be commenced with immediate effect.

3	Regulation 16(2)(a)	<p>The registered person/acting manager is required to ensure staff competency assessments for the areas of manual handling and infection control are consistently evidenced and signed off.</p> <p>As discussed within requirement eleven of this report.</p> <p>(Minimum standard 12.9)</p>	Twice	Ensure all training competency assessments are signed off	To be commenced with immediate effect.
4	Regulation 11(1) Regulation 11(3) Regulation 13(b)	<p>The registered person/acting manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1).</p> <p>Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	Training schedule in place for manager and management	To be completed three months from the date of inspection



5	Regulation 16(2)(a)	<p>The registered person/acting manager is required to ensure all training records and associated competency records are maintained for all staff training.</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum standard 12.3 and 12.7)</p>	Once	Ensure all training competency assessments signed and maintained for staff training.	To be completed three months from the date of inspection
6	Regulation 21(1)(2)	<p>The registered person/acting manager is required to ensure all service user home records (including medication records) and staff recording in these home records are compliant with Regulation 21(1)(2) and Standards 5.2 and 5.6.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	Auditing of service user home records evaluated in monthly reports	To be commenced with immediate effect.
7	Regulation 13 and Schedule 3	<p>The registered person/acting manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure together with appropriate driving license and car insurance.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	Statement of staff fitness included in recruitment process together with paper part of driving licence and car insurance.	To be completed one month from the date of inspection.

**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	Standard 13.2 Standard 13.3 Standard 13.6	The registered person/acting manager is recommended to review and revise the staff supervision and appraisal policy and procedure to reflect clear processes for management staff and ensure the procedure of supervision is consistently implemented for all management staff .  As discussed within theme one, criteria two and three of this report.	Once	Staff supervision and appraisal policy reviewed to provide clear process for management staff. Management staff appraised annually.	To be completed three months from the date of inspection
2	Standard 9 and Appendix 1	The registered person/acting manager is recommended to review and revise the agency restraint policy.  As discussed within theme two, criteria one of this report.	Once	Restraint policy revised to reflect lap strap and bed rails use. Less challenging behaviour and potential restraint discussed.	To be completed three months from the date of inspection
3	Standard 15.10	The registered person/acting manager is recommended to ensure all complaints records are fully maintained in compliance with standard 15.  As discussed within 'the additional areas examined' section of this report.	Once	Monitored in Monthly report records. Complaint records compliant.	To be commenced with immediate effect.

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>	Patricia Casement
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Terry Mageean

<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	A.Jackson	21/11/14
Further information requested from provider			