

Unannounced Care Inspection Report 17 July 2019



Trackars Ltd

Type of Service: Domiciliary Care Agency
Address: 32 English Street, Downpatrick BT30 6AB
Tel No: 028 4483 0486
Inspector: Jim McBride

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 228 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 employ 111 staff; services are commissioned by the Southern and South Eastern Health and Social Care Trusts (HSC Trusts) and the Northern Health and Social Care Trust (HSC Trusts).

3.0 Service details

Organisation/Registered Provider: Trackars Ltd Responsible Individual: Patricia Mary Casement	Registered Manager: Anita Lowry
Person in charge at the time of inspection: Anita Lowry	Date manager registered: 17 February 2016

4.0 Inspection summary

An unannounced inspection took place on 17 July 2019 from 09.10 to 14.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection reported that the agency had failed to provide services to one or more service users on a number of occasions in line with their care plan. RQIA also noted a number of incidents requiring management and governance arrangements to be reviewed.

In light of the concerns received by RQIA, the inspection sought to examine the agency's staffing arrangements, monitoring processes, communication and reporting procedures. The inspection also sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection the agency was found to be in compliance with the required regulations. The inspector found evidence to substantiate the reported concerns regarding failures to provide domiciliary care workers as commissioned. This area of concern had now been reviewed and updated. Evidence in place indicated effective communication with the service users' representatives. There was also evidence of effective communication with the commissioners of care in the HSCT where these issues related to.

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

There was evidence that staff meetings had been held regularly. There was a clear organisational structure in place. Policies and procedures were up to date and available to all staff.

Given the assurances provided during the inspection, RQIA made the decision to issue a Quality Improvement Plan (QIP) outlining areas for improvement and additionally, in accordance with Regulation 23 (2) (3), the responsible individual is required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

Areas for improvement made in the Quality Improvement Plan (QIP) relate to quality monitoring and missed calls reporting.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Anita Lowry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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
- all correspondence received by RQIA since the previous inspection

As part of the inspection process the inspector spoke with the registered manager, general manager and two Health and Social Care (HSCT) representatives.

The following records were examined during the inspection:

- six staff recruitment records
- staff induction and supervision records
- staff spot checks records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- six service user records regarding review, assessment, care planning

- and quality monitoring
- RQIA registration certificate
- Incident records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned within the timeframe for inclusion within this report. All respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

Comments:

- "Could not do without the girls coming in to help my mum and dad, I would be lost without them."

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

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

Information received by the RQIA prior to this inspection reported that the agency had failed to provide services to one or more service users on a number of occasions in line with their care plan.

A number of concerns were raised by the (HSCT). These were in relation to safety of care; concerns were raised regarding a number of missed calls, late calls.

The inspector was advised that the agency had recently been in discussion with the HSCT to identify and report any missed or late calls and this was being completed on a weekly basis. The comprehensive records in place show clearly that the service users and or relatives as well as the service users representatives are being informed of any service failures.

The review of the records identified that there had been a significant number of missed calls, most notably within the Northern Health and Social Care Trust area (NHSCT). Inspection findings identified that the numbers of missed calls had increased significantly between May

and June 2019, however current records in place evidenced that the responsible individual had taken appropriate action in a timely manner, to address the concerns and safeguard the service users.

The review of the agency's missed calls log also evidenced that the agency had not always been aware of all the missed call and had not reported all missed calls to the commissioner. This has now been reviewed and records in place show clear evidence of weekly reporting.

One area for improvement has been identified: The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively. Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.

The systems in place to monitor staff performance and to ensure that they received support and guidance were reviewed. A review of the supervision records confirmed that the agency's arrangements for providing staff with appropriate supervision/spot checks were deemed to be adequate.

There was a system in place to monitor the registration status of staff in accordance with The Northern Ireland Social Care Council (NISCC).

The systems in place to monitor staff compliance with mandatory training requirements were viewed. Given that the inspector viewed the system for monitoring staff training requirements, alongside assurances provided by managers, that training had been provided, the inspector was satisfied that the management had oversight over the provision of training. The inspector noted the following training areas completed by all staff:

- safeguarding
- manual handling
- staff inductions

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. Records in place were comprehensive and satisfactory.

The inspector was advised that there had been no safeguarding incidents reported since the last inspection. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

The agency's registered premises were suitable for the purposes of the agency.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

Areas for improvement

The registered person must review the system for communication with service users and/or their’ representatives, to ensure that any matters impacting on service delivery are communicated effectively. Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Is care effective?

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

The full nature and range of service provision was detailed in the agency’s Statement of Purpose and Service User Guide (2019). The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection. Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts.

The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

Service user files contained evidence of communications between the agency and HSCT key workers, where changing needs were identified and reassessments resulted in amended care plans.

The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

In light of the recent concerns highlighted, it was good to note that the registered manager had meet with and reviewed, the care call times and care needs of fifteen individual service users and had a plan in place to meet with the remaining people over the next few weeks.

The inspector reviewed a sample of 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 appropriate action taken with individual staff where issues had been identified.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory. Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with manager. Records of spot checks and staff observations were available for inspection.

It was clear from the reports available for inspection that the representative of the registered provider had sought the views of service users, relatives and HSC Trust staff views on the quality of service provision.

The manager described aspects of care provision which reflected the staffs understanding of service users' choice, dignity, and respect. The staff demonstrated a clear understanding regarding service user confidentiality in line with the agency's policy.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the involvement of service users.

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 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.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

During the inspection the concerns relating to the effectiveness of the quality monitoring processes were discussed. Assurances were given by the manager that this would be addressed. This has been identified as an area for improvement. Additionally, the responsible individual is required, in accordance with Regulation 23 (2) (3), to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency’s complaints procedure viewed was found to be in line with regulations and standards. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately.

The agency facilitates staff meetings that allow for the exchange of information. It was good to note some of the areas for discussion at recent meetings:

- cancelled calls
- rotas
- shift swaps
- service failures
- on-call procedures and emergencies

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability.

Areas of good practice

There was a clear organisational structure in place. Policies and procedures were up to date and available to all staff.

Areas for improvement

Quality monitoring reports to be completed and forwarded to RQIA until further notice.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Anita Lowry, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation complaints 23(2)(3)(4) and (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users;</p> <p>(b)takes the views of service users and their representatives into account in deciding—</p> <p>(i)what services to offer to them, and</p> <p>(ii)the manner in which such services are to be provided; and</p> <p>(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Until further notice the monthly monitoring report must be submitted to RQIA.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>From inspection on 17/07/2019, Trackars will provide the RQIA with a weekly report detailing service user failures and actions taken by the company, follow up and feedback to service users and their representatives.</p> <p>Furthermore, within one month of receipt, Trackars will forward its external quality monitoring report to the RQIA and continue to forward monthly until further notice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p>

<p>To be completed by: Immediately, from the date of the inspection</p>	<p>The registered person must undertake an audit of all missed or late calls in 2019 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these.</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Provider has undertaken an audit on the missed and late calls in 2019. All appropriate regulatory and healthcare bodies have been notified. Quality Improvement forms have been completed for each service user failure.</p> <p>The Registered Provider has reviewed the systems in place and developed a plan for the next 3 months to ensure</p> <ol style="list-style-type: none"> 1. the safety and wellbeing of services users is met 2. service users are safeguarded against neglect. <p>This 3 month plan includes:</p> <ul style="list-style-type: none"> - Daily monitoring of client's calls - Increased spot checks and quality monitoring - Additional coordinators put in place - Implementation of electronic rota system - Montly meetings with frontline staff, both on a group and 1-1 level - Review of run orders, ensuring suitable for service users and geographically reasonable for staff - Increased staffing levels of frontline workers <p>Trackars implemented a service monitoring call log whereby senior team members contacted those service users, who had multiple service failures, on a daily basis to ensure calls where being delivered and at the allocated times.</p> <p>Quality assurance surveys are scheduled to be sent to service user and their representatives in the next 2 weeks to obtain their feedback, opinions and suggestions for improvement to the services they receive. Results will then be shared with all parties.</p> <p>Trackars has been submitting a report to RQIA on a weekly basis and will continue to do this until further notice.</p>

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